# Primary Care Placement Program Application

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Detail** | | | | | | | | | | |
| **First Name:** | | Click or tap here to enter text. | | | | | | **Surname:** | | Click or tap here to enter text. |
| **Phone:** | | Click or tap here to enter text. | | | | | | **Mobile:** | | Click or tap here to enter text. |
| **Email:** | | Click or tap here to enter text. | | | | | | | | |
| **Employment Details** | | | | | | | | | | |
| **Practice Name:** | | | Click or tap here to enter text. | | | | | | | |
| **Position:** | | | Click or tap here to enter text. | | | | | **Phone:** | | Click or tap here to enter text. |
| **Email**  **(if different to above)** | | | Click or tap here to enter text. | | | | | | | |
| **Primary Care Service:** | | | | | | | | | | |
| Allied Health Professional | | | | | | Registered/Enrolled Nurse | | | | |
| General Practitioner | | | | | | Practice Manager | | | | |
| Other (please specify): Click or tap here to enter text. | | | | | | | | | | |
| **Travel & Accommodation Requirements** | | | | | | | | | | |
| **Will you require travel and accommodation bookings for your placement?** | | | | | | | | | | |
| No bookings required | | | | | | | | | | |
| Accommodation only | | | | | | | | | | |
| Travel only | | | | | Travel options: | | | Bus | | |
| Travel and accommodation | | | | | Motor vehicle | | |
|  | | | | | | | | Mileage reimbursement requested | | |
| No mileage reimbursement requested | | |
| **Placement Details** | | | | | | | | | | |
| **Placement Type** | | | | | | | | | | |
| Short term placement to host site | | | | | | | | | | |
| Host a visiting ‘expert’ to your workplace | | | | | | | | | | |
| **Location** | | | | | | | | | | |
| Do you have a preferred placement location or a preferred host clinician? | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| **Availability** | | | | | | | | | | |
| Please provide preferred placement dates or specific dates/days that are not suitable for your placement. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| Placement Outcomes | | | | | | | | | | |
| Please detail the specific clinical and/or administrative skills you would like the placement to focus on and what you would like to achieve from the placement. Please identify at least one learning goal.  Learning goal 1:  Click or tap here to enter text.  Learning goal 2:  Click or tap here to enter text.  Learning goal 3: | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| Patient outcomes  Please describe the patient outcomes that will be met by achieving the learning goals identified above:  (for example, how will your patients benefit from you participating in a placement)  Click or tap here to enter text. | | | | | | | | | | |
| Applicant Signature: | | | |  | | | | | | |
| Date: | | | |  | | | | | | |
| **Acknowledgement of Manager/Supervisor Support** | | | | | | | | | | |
| By signing below I acknowledge my support of this application for placement. | | | | | | | | | | |
| **Manager/Supervisor Details** | | | | | | | | | | |
| Name: | Click or tap here to enter text. | | | | | | Phone: | | Click or tap here to enter text. | |
| Email: | Click or tap here to enter text. | | | | | | | | | |
| Signature: |  | | | | | | Date: | |  | |