Lyell McEwin Hospital

**Private and Confidential**

Please print, complete and submit to the Clinical Supervisor at commencement of your clinical placement.

**This form will be kept on record for the duration of your placement, to be ued only in the event of an emergency and will be discarded in a confidential waste unit upon completion of your placement**

**Name:**

**University and Year level:**

**Email address:**

**Mobile number:**

**The best person to contact in case of an emergency:**

**Name:**

**Relationship to self:**

**Mobile number:**

*Please remember - if you are sick or unable to attend placement contact Clinical Supervisor on* ***8282 1420*** *as soon as possible,**leave a message if required.*

**Clinical placement end date:**