# School of Health Sciences

Dear Nursing Student,

Thank you for your interest in undertaking a UK placement *outside* of the University of Dundee’s health board partners (NHS Tayside and NHS Fife). You have three opportunities for an elective placement: your first placement of year two, your first placement of year three or your second placement of year three. Electives *cannot* take place in first year, at progression in year two, nor for your final sign off placement.

Please submit this form as soon as you identify your elective placement. Short notice requests are not possible to process, due to logistics.

There are three parts to this form:

1. Part one is for you to complete
2. Part two is for your Adviser of Studies to complete
3. Part three will be completed by a member of the Practice Learning Team. Please leave this part blank

After completion of parts one and two, please send a copy to healthsciences-practicelearning@dundee.ac.uk

Yours sincerely,

JASmith

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| Julie SmithPractice Learning LeadSchool of Nursing and Health SciencesUniversity of Dundee |

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| **Part one to be completed by the nursing student** |
| Key points:* Part one must be fully complete before contacting your AoS (for part two)
* It is your responsibility to obtain the information in part one. You will need to contact the organisation you are wishing to have the placement with, discussing the reasons for your request. This may be a Practice Education team, a manager or someone else who coordinates placements in that area
* For placements in Grampian, Orkney or Shetland email: snmpplacements@rgu.ac.uk
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| Name |  |
| Matriculation number |  |
| Contact address and telephone number |  |
| Email address |  |
| Field and cohort |  |
| Advisor of studies  |  |
| Full details of elective placement (clinical area and organisation) |  |
| Contact person |  |
| Contact person’s email address |  |
| Contact person’s telephone number |  |
| Proposed dates of placement  |  |
| You are responsible for all expenses associated with the placement.*(Please check box).* | I understand that I am responsible for undertaking all the travel and accommodation arrangements associated with this placement [ ]  |
| I agree to adhere to:*(Please check boxes).* | * The NMC Code: [Read The Code online - The Nursing and Midwifery Council (nmc.org.uk)](https://www.nmc.org.uk/standards/code/read-the-code-online/)[ ]
* The elective organisation’s local policies and procedures. I will ask for access to policies that I am unsure of [ ]

The principles of ‘Good Health and Good Character’: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/guidance-on-health-and-character/> [ ]  |
| The placement learning team will ‘check in’ during your elective, to learn about your performance and progress. *(Please check box).* | I understand that information about my performance on placement will be shared with the School of Health Sciences [ ]  |
| Signature and date |  |

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| **Part two to be completed by the Advisor of Studies** |
| After discussion with the nursing student can you confirm ‘Part One’ information is correct?*E.g., Are the dates accurate with the student’s cohort flowchart?* |  |
| Is the request an appropriate placement experience for this student? *Consider the student’s field of study and the student’s previous clinical placement experiences.*  |  |
| Does the student understand that they are responsible for all expenses associated with their elective placement? |  |
| Des the student understand that the receiving organisation must accept full liability for them whilst they are on placement? |  |
| Students who have high absence or need a significant amount of academic support, may not have their elective placement approved: |
| Does the student have any outstanding assessments? |  |
| Is the student’s attendance satisfactory? |  |
| Does the student conform to the definition of Good Health and Good Character as set out by the NMC? |  |
| Please confirm you support this application. |  |
| Any additional information |  |
| Signature/Printed name | Date |

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| **Part three to be completed by Practice Learning Team**  |
| **Actions** | **Initials** | **Date** |
| Parts one and two completed and accepted? |  |  |
| Receiving organisation confirms they can accommodate student? |  |  |
| Receiving organisation accepts liability for the student? |  |  |
| is this currently an audited learning environment for pre-registration nursing students? |  |  |
| Confirmation sent to nursing student and Advisor of Studies? |  |  |
| Professional services cohort administration team informed  |  |  |