FLINDERS UNIVERSITY
FACULTY OF HEALTH SCIENCES

SCHOOL OF NURSING & MIDWIFERY

APPLICATION FOR ‘SWAP’ OF CLINICAL PLACEMENT WITH ANOTHER STUDENT

Please submit form via Assignment chute at School Office

Please PRINT all details

Clinical topic involved: (Please circle appropriate topic code)

- NURS1101 Nursing 1
- NURS1105 Nursing 2
- MIDW1002 Midwifery 1
- NURS2101 Nursing 3
- NURS2105 Nursing 4
- NURS2803 Introduction to Nursing Practice
- NURS3101 Nursing 5
- NURS3104 Nursing 6

Campus: (please tick appropriate box) Flinders Riverland

Details of student requesting swap of placement

I, ____________________________ (Family name) ________________ (First name)

Signature: ________________________________

Student number: ____________________________

University email address: ________________________________

Would like to be moved from clinical placement at:

__________________ (Venue) ________________ (Ward if applicable) ________________ (M/T or Th/F or block)

I have negotiated a swap with:

Details of student agreeing to swap placement

I, ____________________________ (Family name) ________________ (First name)

Signature: ________________________________

Student number: ____________________________

University email address: ________________________________

Who was to attend clinical placement at:

__________________ (Venue) ________________ (Ward if applicable) ________________ (M/T or Th/F or block)

NB

- Only one form need be completed by the two parties involved.
- Completion of this form does not guarantee a swap will be made.