



Placement Information		
Student Name:	Program:	
Placement Start date: End Date:	School	
Position:	Department:	
Preceptor Name:		
Placement Contact:	Contact Email:	
Student Contact Information		
Date of Birth:	Next of Kin:	
Address:	Phone #:	
City:	Relationship:	
Postal Code:	Physician Contact Information	
Email:	Name:	
Phone #:	Phone #:	
Required Documentation		
<i>Please ensure documents are signed and/or completed. Please check each included item.</i>		
Police check with vulnerable sector (Completed within 12 months of placement start date)	Negative: <input type="checkbox"/> Positive: <input type="checkbox"/> (follow up required) Contact the student placement office ASAP	
Basic Life Support certificate (<1 year) (when applicable)	Expiry Date:	
Mask Fit Testing (within 2 years)	Date:	Make/Model:
Flu Shot	Date received:	
COVID vaccination	Date received:	
Confidentiality Agreement	Emergency Contact & Code of Conduct	
Respectful Workplace Agreement	Orientation Declaration	
Immunization Records Immunization/testing requirement (every category is met and signed by a GP/NP/RN)	Code White Form	
Educational Institute Required Documentation		
Affiliation agreement signed and in good standing	Date signed:	
Certificate of Liability Insurance		
WSIB - Student / Employer Declaration Letter		
Blood Borne Pathogen Exposure		
EDUCATIONAL INSTITUTE DECLARATION:		
I hereby declare that the details provided above are true and correct to the best of my knowledge and belief and I will immediately inform you of any changes.		
For The (Name of the School): _____		
Signature: _____	Print Name: _____	
Title: _____	Date: _____	