

Application for a clinical placement

School of Physiotherapy

Faculty of Medicine, Dentistry and Health Science



THE UNIVERSITY OF
MELBOURNE

Undergraduate physiotherapy students in their final year of study may apply for a short-term clinical placement in one of the Clinical Schools or private practices affiliated with The University of Melbourne.

Please complete all details on this form and attach certified copies of any documentation where requested.

Personal details

First Name _____ Surname _____

Gender: Male Female (please tick one)

Address _____

Email: _____

Phone: _____

Details of educational institution

Institution _____

Course _____

Duration of course: 1 2 3 4 years (please circle one)

Full time Part time (please tick one)

Address _____

Email: _____

Phone _____ Fax _____

Clinical Supervisor/Course Co-ordinator _____

Clinical experience (brief description) _____

Placement request

Type of clinical placement requested _____

ie. Musculoskeletal, Neurological, Cardiothoracic, Paediatric, Gerontology, other (please specify)

Preferred institution* _____

For example: St Vincent's Hospital

*May include private practice

Requested dates

1st preference Start _____ Finish _____ Duration _____
 2nd preference Start _____ Finish _____ Duration _____
 3rd preference Start _____ Finish _____ Duration _____
 4th preference Start _____ Finish _____ Duration _____
For example: Start 6th March 2006 Finish 31st March 2006 Duration 4 weeks

Check list

- Letter of application
- Full academic record*
- Summary of course content including clinical content
- Assessment requirements
- Indemnity insurance*

**Certified copies required*

Closing dates for applications for overseas clinical placements will be 1st November of the preceding year.

10. Declaration

- I declare that the information provided by me is true and complete in every particular.
- I acknowledge that the University of Melbourne reserves the right to reverse or vary any decision regarding placements made on the basis of incomplete or false information.
- I understand that I may be required to supply originals of all documents used to support this application
- I understand that I may be required to supply evidence that I meet the University's English language proficiency requirements.
- I understand that clinical places can not be guaranteed and are available only where there is capacity for the host institution.
- Allocations will be made in late December and notification will be sent out in January.

Signature of applicant _____ Date _____

Completed form and accompanying certified documentation to be sent to:

Clinical Co-ordinator
 School of Physiotherapy
 Level 1, 200 Berkeley Street
 The University of Melbourne
 Victoria Australia 3010