

Placement Preferences Form (DPsych)

The Placement Coordinator will attempt to accommodate your needs and interests particularly for the final Advanced Specialised placement, *however*, there is a possibility that you will be allocated to placements in areas that you have not chosen due to limitations in availability

Family Name:

Given Name:

Student ID:

Mobile:

Suburb you live in:

Course:

DPsychClin

DPsychClinNeuro

Do you have a current Driver's Licence?

Yes

No

Do you have current Provisional Registration?

Yes

No

Do you have a current Police Check?

Yes

No

Do you have a Working with Children Check?

Yes

No

What are your placement interests? Describe what kind of work you would like to do and what populations you would like to work with. Try not to limit your options based on preconceived notions about what you can handle, what seems too scary etc. This is the time to explore your options and challenge yourself as you will never have more support than you will have when you are a student on placements.

Clinical Students: Do you have any specific preferences in terms of agencies, hospitals, teams you would like to work with? If yes, please elaborate.

1st Choice Specialisation

Advanced Clinical

Child

2nd Choice Specialisation

Advanced Clinical

Child

Please attach a full CV

Would you like to meet with me in person to discuss your options or would you prefer to correspond via email? (in person is preferable) IN PERSON or EMAIL

There is a high likelihood that you will be allocated to placements that you have not chosen due to limitations in availability. We look forward to working with you and wish you all great placement experiences.

ClinNeuro Students:

1st Preference

Neurology

Psychiatric

Paediatric

Rehabilitation

Geriatric

2nd Preference

Neurology

Psychiatric

Paediatric

Rehabilitation

Geriatric

Return to the Placement Coordinator by end of Semester 1, Year 1.