

Critical Care Placement Request Form

Faculty of Health Sciences

For more information or to request alternate formats of this form for accessibility, please contact criticalcare@durhamcollege.ca.

This form requires Adobe Reader to be able to electronically fill out and sign the document. It cannot be printed. Please install the latest free version of Adobe Acrobat Reader.

This form is intended solely for Critical Care Nursing students requesting a placement at an organization where they are currently employed.

STUDENT INFORMATION	
First Name:	Surname:
CNO Registration Number:	Banner Number:
DCmail e-mail address:	
Current Employer:	
Area/Unit:	
I am currently employed by the organization w	where I am requesting placement. Yes No
Note: Students requiring assistance to secure not currently employed must follow the pre-pla	
PLACEMENT TYPE	
Select one of the following:	
Mentorship: I am requesting to complete the organization where I am employed, and ha	my placement in my current work unit within ave a mentor identified.
Mentor Information	
First Name:	Surname:
Email Address:	
Name of Unit Manager:	
Dates of Practicum:	to
Preceptorship: I am requesting assistant organization where I am employed.	ce to secure a placement within the
Unit:	
Requested Dates to Complete Practicum:	to
Additional Details/Comments:	
Date:	
best of my knowledge as of the date of submi fields with result in a delay of my placement.	ve information to be true and accurate to the ssion. I understand any incomplete or missing
EMPLOYER OR DESIGNATE'S INFORMATI	
I acknowledge that the student requesting has on file) the required pre-placement docum immunization records, N95 respirator mask fit	
First Name:	Surname:
Email Address:	

Please email the completed form to the student's DCmail email address as noted above in the Student Information section.

Signature:

(Must be an electronic signature)

See "How To Sign A PDF Using Adobe Reader."

NOTICE OF COLLECTION

Date:

In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, 1990, the personal information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed to confirm eligibility for field placement and/or clinical practicum. Your personal information may also be used for various administrative, statistical and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the Freedom of Information and Protection of Privacy Coordinator, 2000 Simcoe Street North, Oshawa, ON, L1G0C5, 905.721.2000 ext. 3292

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