

Semester 1 Nursing Practice Placement
CONFIDENTIAL INFORMATION
Bachelor of Science in Nursing Program

STUDENT NAME: _____ **STUDENT #:** _____ **DATE:** _____

Intake Term: _____

Home Location (eg Surrey, New West etc): _____ Home #: _____ Cell #: _____

Current/past employment in any health care agencies? Yes No Pending *(Pending – provide available information & update as soon as known or changed)*

If **Yes:** Health Authority: _____ Agency/Hospital Name: _____ Unit & Name: _____

Position (LPN/Paramedic/Unit Clerk/Porter/Care Aide/ESN/Other): _____

Do you have a relative working in any health care agencies? Yes No

If **Yes:** Health Authority: _____ Agency/Hospital Name: _____ Unit & Name: _____

Position (RN/LPN/Paramedic/Unit Clerk/Porter/Care Aide/Other): _____

In the event that other critical information may prevent you from meeting the program requirements make an appointment with the respective Director of Nursing, Linda Pickthall for information sharing.