

Please complete the form and email to the appropriate zone(s).

| Student /Learner Information | |
|--|--|
| Name (middle name required) | |
| Email address | |
| Phone number | |
| Has student been on placement at NSHA before? | Yes <input type="checkbox"/> No <input type="checkbox"/> Which Zone?: _____ Date: _____ |
| Has student received training/access to NSHA clinical / IT applications previously? | If yes, which IT applications? |
| Is the student a NSHA employee? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Student/Learner's Placing Agency and Program Information | |
| Name of Student's Placing Agency (i.e. Student's Educational Institution or Employer, if the employer is requesting the learning placement) | |
| Name of clinical or placement coordinator | |
| Title | |
| Email address | |
| Phone number | |
| Education Program (i.e. OT, PT, LPN, Admin etc) | |
| Course number | |
| Total number of placement hours required | |
| Student's year in program (i.e. 1 st , 2 nd , 3 rd , 4 th) | |
| Placement information | |
| Placement start/end dates | Start: _____ End: _____ |
| Desired zone (please indicate 1 st and 2 nd choice for placement) See map at end of webpage for locations | <input type="checkbox"/> Western Zone (Annapolis Valley, South Shore, South West) <input type="checkbox"/> Northern Zone (Colchester-East Hants, Cumberland, Pictou) <input type="checkbox"/> Eastern Zone (Cape Breton, Guysborough, Antigonish) <input type="checkbox"/> Central Zone (Halifax, Eastern Shore and West Hants) |
| Desired facility/hospital unit, patient population within selected zone(s) | |
| Additional Comments: | |
| | |
| NSHA Internal use only | |
| Active Affiliation Agreement: Yes <input type="checkbox"/> Expiry Date: _____ No <input type="checkbox"/> New AA requested, Date: _____ | |
| Placement Site: _____ Service: _____ Destination: _____ | |
| Preceptor Name/Contact: _____ Manager Name/Contact: _____ | |