

Undergraduate Student Placement Details Form

Please use CAPITALS and tick relevant boxes.

Family Name _____

Given Names _____

Preferred Given Name _____

Part A: Personal Details

Date of Birth (dd-mmm-yy) _____

Country of Birth _____

Citizenship(s) _____

If not a NZ or Australian citizen, are you a Permanent Resident of NZ? Yes No

Gender Male Female

Ethnicity/ies European Maori Pasifika
 Asian Other

University/Polytechnic/Wananga _____

Programme eg MBChB, BN, BSLT _____

Email address (optional) _____

Mobile Phone Number (optional) _____

Reason for Choosing BOPDHB? _____

Part B: Placement Details

Year of Training and Type of Placement eg 1st Year, 4th Year, Trainee Intern, elective, selective etc _____

Placement Location Tauranga Hospital Whakatane Hospital
 Other _____

Department/ Service/ Specialty _____

Placement Start Date (dd-mmm-yy) _____

Placement End Date (dd-mmm-yy) _____

This information will be used by the BOP Clinical School for statistical purposes only

Signature: _____ Date: _____

**Please return your completed form to
 BOP Clinical School, Private Bag 12024, Tauranga 3143
 Attention: Student Placement Coordinator**