

**Please use CAPITALS and cross relevant boxes**

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

Family Name

Given Names

Preferred Given Name

**Part A: Personal Details**

Date of Birth (dd-mm-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  3<sup>rd</sup> \$2000  People's Choice award \$1,000

Ethnicity  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. 1<sup>st</sup> Year, 4<sup>th</sup> Year, trainee Intern, elective, selective etc

Placement Location  Tauranga Hospital  Whakatane Hospital

Other:

Department/ Service/ Specialty

Placement Start Date (dd-mm-yy)

Placement End Date (dd-mm-yy)

Student's  
signature

Date

**Please return your completed form to:**

**Student Placement Coordinator, BOP Clinical School, Private Bag 12024, Tauranga 3143**