

STUDENT/TRAINEE PLACEMENT
REGISTRATION & CONFIDENTIALITY FORM

NAME: _____

ADDRESS: _____

EMAIL: _____

MOBILE: _____

CURRENT TERTIARY INSTITUTION :

QUALIFICATION CURRENTLY ENROLLED IN:

CURRENT YEAR OF STUDY: _____ Postgraduate [] Undergraduate []

PREFERRED MONTH OF PLACEMENT: _____

I understand that my placement with FPWNT will not qualify me to work for FPWNT nor qualify for any Family Planning reproductive & sexual Health Certificate, unless I successfully complete the relevant course. I acknowledge that I am here at my request and can be asked to discontinue the placement at any time by FPWNT.

I undertake to maintain confidentiality in relation to information about any individual or organisations that may come to my attention during my placement with FPWNT. I also understand that I will not have access to client files.

NAME: _____

SIGNATURE: _____

DATE: _____

FPWNT STAFF TO COMPLETE:

FPNT SUPERVISOR #1:

FPNT SUPERVISOR #2:

COMMENCEMENT DATE: _____

COMPLETION DATE: _____

TOTAL HOURS: _____

LENGTH OF PLACEMENT: _____

TO BE PROVIDED PRIOR TO COMMENCEMENT OF PLACEMENT:

- OCHRE CARD Y / N
- STUDENT ID Y / N
- EVALUATION FORM Y / N