

**GOLDFIELDS SOUTH EAST HEALTH REGION
KALGOORLIE REGIONAL HOSPITAL**

STUDENT PROFILE

STUDENT NAME: _____

ADDRESS: _____

TRAINING INSTITUTION: _____

COURSE CONTACT PERSON:

NAME: _____

PHONE: _____

PLACEMENT DATES	AREA/WARD	CLINICAL SUPERVISOR

EMERGENCY CONTACT (NAME AND RELATIONSHIP):

NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

KALGOORLIE ACCOMODATION DETAILS AND ADDRESS:

ARRIVAL DATE: _____