

Blue Care Student Placement Form

RTO / University Details:

Name:

Address:

Contact Person:

Phone:

Email:

ABN:

Agreements / Information:

Current University Agreement:

OR Insurance and Liability Info:

! (Please attach the relevant Insurance and Liability file when emailing)

Please note it is the responsibility of the RTO / University to ensure all appropriate agreements and insurance arrangements are current.

Placement Type:

City Required:

Service Type:

Number of Students:

Year Level:

Placement Dates - Start Date:

End Date:

Total Hours:

Supervision:

University / RTO Supervisor:

OR Blue Care Supervisor:

! (Please attach the Program outline / learning objectives when emailing)

Comments:

Student Requirements:

Federal Police Check:

Immunisation:

Once complete please email the following items to studentplacement@bluecare.org.au

1. Blue Care Student Placement Form (*this form*)
2. Insurance and Liability Information (*if required*)
3. Program outline / learning objectives