This information is completed by the supervising therapist and is used to allocate students to a placement that meets their specific learning needs.

|  |
| --- |
| **Tab to move between fields. Type X to check box. Please save your work before emailing.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Placement Information** | | | | Date Completed: |
| Facility/Hospital/Agency | Choose a Sector | *Examples: Timbuktu Hospital or OTS are Us* Click or tap here to enter text. | | |
| Ward/Team/Area/Unit | *Examples: Unit 4 or Healthy Lifestyles* Click or tap here to enter text. | | | |
| Location | *Example Timbuktu* Click or tap here to enter text. | | | |
| Area of Speciality | *Example: Community Mental Health* Click or tap here to enter text. | | | |
| Postal Address |  | | | |
| Street Address |  | | | |
| Facility Phone |  | | | |
| **Supervising Therapist** | Main Therapist | | 2nd Therapist (if applicable) | |
| Therapist’s Name |  | |  | |
| Full Job Title |  | |  | |
| DDI Number |  | |  | |
| Cellphone |  | |  | |
| Email address |  | |  | |

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| **2. Service Delivery** (tick as many as apply) | | | |
| Community Focus |  | Rehabilitation |  |
| Primary Health |  | Personal Skill Development |  |
| Early Intervention |  | Disability Support |  |
| Population Health |  | Education |  |
| Health Promotion |  | Palliative Care |  |
| Acute Need |  | Home Care Support |  |
| Vocational Rehabilitation |  | Chronic Need |  |
| Other (please specify) | | | |

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| --- | --- | --- | --- |
| **3.1 Service recipients are likely to have impairments or disabilities that have influenced their**  (tick as many as apply) | | | |
| Motor skills |  | Mental Health |  |
| Sensory skills |  | Work |  |
| Cognitive skills |  | Self care |  |
| Behavioural skills |  | Leisure |  |
| Social skills |  | Other (please specify) | |

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| --- | --- | --- | --- |
| **3.2 Service recipients are likely to have difficulties that come from, or may be related to** (tick as many as apply) | | | |
| Accidents/injuries |  | Inter-generational disruption to occupational patterns (i.e. colonisation, human displacement) |  |
| Age |  |
| Attitudinal barriers |  | Transitions |  |
| Congenital/birth related |  | Socioeconomic influences |  |
| Degenerative conditions |  | Occupation base challenges (e.g. occupational deprivation, alienation, or imbalance) |  |
| Illness |  |
| Neurological impairment |  | Something else (specify) | |

|  |  |  |  |
| --- | --- | --- | --- |
| **3.3 Age groups of service recipients** (tick as many as apply) | | | |
|  | | |  |
| Child |  | Youth/Adolescents |  |
| Adult |  | Older Person |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. What is the predominant philosophy/model/theoretical base used in this setting to provide a framework for your practice?** (tick as many as apply) | | | |
| Canadian Model of Occupational Performance - Engagement | | |  |
| Model of Human Occupation |  | Strengths Model |  |
| Person Occupation Environment |  | Recovery Approach |  |
| Cognitive Behavioural Therapy |  | Neurodevelopmental Approach |  |
| Biomechanical Model - compensatory |  | Dialectal Behavioural Therapy |  |
| Biomechanical Model -restorative |  | Other (specify) |  |

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| **5. Describe a typical day/week in this setting.** (e.g. group work, individual assessment) |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **6. What other staff work with you in this setting?** | | | |
| Occupational Therapists |  | Doctors |  |
| Physiotherapists |  | Nurses |  |
| Speech Language Therapists |  | Needs Assessors |  |
| Social Workers |  | Support Workers |  |
| Occupational Therapy Assistants |  | Teachers |  |
| Rehabilitation Assistants |  | Teacher Aides |  |
| Cultural Advisors |  | Other (specify) |  |

|  |  |
| --- | --- |
| **7. Please identify three key tasks the student can complete prior to commencing this placement**  (e.g. readings, standardised assessments, research specific conditions.) | |
| **1** |  |
| **2** |  |
| **3** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **8. Student Information** | | | |  |  |  |
| **Dress Code:** | Name Badge |  | | Uniform required |  |  |
|  | Describe Dress Code | | |  | | |
| **MRSA Tests:** | Required |  | | **Drivers Licence:** | Not Required |  |
|  | Not Required |  | |  | Required - |  |
|  |  |  | |  | *Full*  *Restricted*  *Own transport required* | |
| **Student reporting time and place for first day:** | | |  | | | |
| **Information re parking, accommodation, transport etc.:** | | |  | | | |
| **Any other relevant information?** | | |  | | | |

**Thank you for your time.**

**The Fieldwork Team**

Email: [OTFieldWork@op.ac.nz](mailto:OTFieldWork@op.ac.nz)