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

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

|  |  |
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| **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)       |

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

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| **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) |
|       |

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| **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) |       |

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| **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** |       |

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| **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