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| Organisation name & address: |  |
| Key contact name: |  |
| Contact phone number: |  |

*Note: These are assumed to be confirmed offers. If there are any changes, kindly notify us as soon as possible.*

Please save the document and email to [OTfieldwork@op.ac.nz](mailto:OTfieldwork@op.ac.nz)

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| **Date** | **Year** | **Therapist/s Name/s**  **OT Board Reg if known** | **Department/Centre/Unit  Name & Physical Address** | **Phone** | **Email** | **Setting/Placement Area** (e.g. Older Adults Health, Mental Health) | **No. of**  **Students\*** | **1st time**  **Supervisor**  Yes/No |
| ***Example*** | *1* | *Jo Bloggs*  *Registration No: 51-0662* | *Timbuktu Hospital, Ward 4A, Great King St, Timbuktu* | *DDI: 03 455 6678*  *M: 027 616 8840* | [*jobloggs@timbuktudhb.govt.nz*](mailto:jobloggs@timbuktudhb.govt.nz) | *Older Adults Inpatient* | *1* | *No* |
| Fieldwork 1 (Year 1)  **2 June**  **to**  **27 June**  *4 weeks* | 1 |  |  |  |  |  |  |  |
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| Fieldwork 3 (Year 2)  **22 September**  **to**  **14 November**  *8 weeks* | 2 |  |  |  |  |  |  |  |
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| **Date** | **Year** | **Therapist/s Name/s**  **OT Board Reg if known** | **Department/Centre/Unit  Name & Physical Address** | **Phone** | **Email** | **Setting/Placement Area** (e.g. Older Adults Health, Mental Health) | **No. of**  **Students\*** | **1st time**  **Supervisor**  Yes/No |
| ***Example*** | *1* | *Jo Bloggs*  *Registration No: 51-0662* | *Timbuktu Hospital, Ward 4A, Great King St, Timbuktu* | *DDI: 03 455 6678*  *M: 027 616 8840* | [*jobloggs@timbuktudhb.govt.nz*](mailto:jobloggs@timbuktudhb.govt.nz) | *Older Adults Inpatient* | *1* | *No* |
| Fieldwork 4 (Year 3)  **7 July**  **To**  **29 August**  *8 weeks* | 3 |  |  |  |  |  |  |  |
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