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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

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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* | *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* | *Older Adults Inpatient* | *1* | *No* |
| Fieldwork 4 (Year 3)**7 July** **To****29 August***8 weeks* | 3 |       |       |       |       |       |       |       |
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