Please fill out and return to sender.

This information is completed by the supervising therapist to assist during allocation. This ensures that ākonga are provided a range of clinical experiences, in different contexts throughout their studies.

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

|  |  |  |
| --- | --- | --- |
| 1. **Placement Information** | **Main Therapist** | **2nd Therapist**  (if applicable) |
| Therapist Name |  |  |
| Full Job Title |  |  |
| Institution / workplace |  |  |
| Workplace Address |  |  |
| DDI Number |  |  |
| Cell phone Number |  |  |
| Email Address |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **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) | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Age groups of service recipients** (tick as many as apply) | | | |
| Child |  | Youth/Adolescents |  |
| Adult |  | Older Person |  |

|  |
| --- |
| 1. **Describe a typical day/week in this setting**   (E.g. Group work, individual assessment etc) |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **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 ākonga can complete prior to commencing this placement (**eg. research conditions, specific assessments, approaches, models or frameworks) |
|  |
|  |
|  |
| **How can ākonga present the three key tasks highlighted above?** |
|  |

|  |  |  |
| --- | --- | --- |
| 1. **Dress requirements (please tick)** | | |
| Smart casual dress (please provide example) |  |  |
| Uniform required |  |  |
| Name badge |  |

|  |  |
| --- | --- |
| **9 Ākonga reporting time and place for first day:** | |
|  | |
| **Relevant information regarding:** | |
| **Parking** |  |
| **Transport considerations** (if applicable, e.g., own vehicle/license needed) |  |
| **Any other relevant information?** |  |