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| **ORGANISATION:** |       |  |  SCHOOL OF OCCUPATIONAL THERAPY PLANNING STUDENT FIELDWORK PLACEMENTS 2024

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| ***Save and email to:***Fieldwork AdministratorOTFieldWork@op.ac.nz  |  | Please feel free to use a second sheet if you have more offers |

 ***Note*: *These are assumed to be firm offers of student placement. Please inform us of any changes as soon as possible.*** |
| Occupational Therapy Contact: |       |  |
| Contact Title: |       |  |
| Mailing Address: |       |  |
|  |       |  |
| Email: |       |  |
| Phone Number: |       |  |
| **TAB TO MOVE BETWEEN FIELDS** |

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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)**17 June****to****12 July***4 weeks* | 1 |       |       |       |       |       |       |       |
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| Fieldwork 3 (Year 2)**30 September** **to** **22 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)**15 July** **To****6 September***8 weeks* | 3 |       |       |       |       |       |       |       |
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