



## Pet Grooming Facility Observation/Work Placement – Emergency Contact Details Form

### Students

Complete this form legibly and give to your work placement supervisor for safe keeping. It will be used if you need to be contacted urgently or if a situation arises with yourself such as an accident and your work placement needs to contact someone immediately.

### Workplace Supervisors

Could we request that you please file this in a safe place in case you need to contact someone in an emergency.

### Student Details

<b>Name of Student</b>	
<b>Work Placement Days</b>	
<b>Programme of Study</b>	
<b>Contact Telephone Number</b>	
<b>Contact Email</b>	

### Additional Student Information

Record any information that the facility should be aware of such as, allergies, pregnancy, disabilities or situations that may affect your ability within your work placement (examples include epilepsy). Use reverse side of this form if required. As a student you are responsible for ensuring any changes are updated.

### Emergency Contact Details

<b>Name of Emergency Contact</b>	
<b>Relationship to you</b>	
<b>Contact telephone numbers</b>	

School of Animal Health  
[animalhealth@op.ac.nz](mailto:animalhealth@op.ac.nz)  
0800 762 786

**Note to Student:** Leave a copy of the completed form with any observation/work placement. This form does not need to be returned to us.