

ENROLLED NURSING CLINICAL PLACEMENT TIME SHEET



STUDENT NAME: _____

FACILITY NAME: _____

AGED / ACUTE
(please circle relevant Clinical Practice)

GROUP: _____

WARD (where relevant): _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours	Student Signature	Clinical Supervisor Signature	Facilitator Visit _/_/___	Facilitator Signature
Week 1	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:					
Week 2	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:					
Week 3	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:					
Week 4	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:	_/_/_/ Start Time: Finish Time:					

ENROLLED NURSING CLINICAL PLACEMENT TIME SHEET



Week 5	_/_/_/ Start Time:	_/_/_/ Start Time:	_/_/_/ Start Time:	_/_/_/ Start Time:	_/_/_/ Start Time:					
	Finish Time:	Finish Time:	Finish Time:	Finish Time:	Finish Time:					
Week 6	_/_/_/ Start Time:	_/_/_/ Start Time:	_/_/_/ Start Time:	_/_/_/ Start Time:	_/_/_/ Start Time:					
	Finish Time:	Finish Time:	Finish Time:	Finish Time:	Finish Time:					
Week 7	_/_/_/ Start Time:	_/_/_/ Start Time:	_/_/_/ Start Time:	_/_/_/ Start Time:	_/_/_/ Start Time:					
	Finish Time:	Finish Time:	Finish Time:	Finish Time:	Finish Time:					
Week 8	_/_/_/ Start Time:	_/_/_/ Start Time:	_/_/_/ Start Time:	_/_/_/ Start Time:	_/_/_/ Start Time:					
	Finish Time:	Finish Time:	Finish Time:	Finish Time:	Finish Time:					

Clinical Supervisor/Facilitator Comments (where relevant):

Clinical Supervisor Name: _____ **Position:** _____

Facilitator Name: _____ **EQUALS International (Aust) Pty Ltd.**