

Going Rural Health **Student Support Scheme**Proof of Placement Completion

To be eligible for support, students must **provide this form within 10 days from the completion** of their placement. Please upload form within your support application on the rural living portal and or email to going-ruralhealth@unimelb.edu.au

PLACEMENT START DATE: PLACEMENT FINISH DATE: TOWN PLACEMENT LOCATED: PLACEMENT ORGANISATION: PLACEMENT DAYS PER WEEK:		ME:						
NAME OF PLACEMENT SUPERVISOR: SUPERVISOR'S POSITION: NAME OF PLACEMENT SITE: SUPERVISOR EMAIL: SUPERVISOR CONTACT NUMBER: Placement details PLACEMENT START DATE: PLACEMENT FINISH DATE: TOWN PLACEMENT LOCATED: PLACEMENT ORGANISATION: PLACEMENT DAYS PER WEEK:	DISCIPLINE/COURSE STUDIED:							
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	MONDAY							
	IONDAY							
Supervisor's signature:	Supervisor's	_						
hereby verify that has successfully completed their clinical placement and the above details are correct.	Supervisor's hereby verify t	hat			has suc	cessfully comple	eted their clinical pla	acement

^{*}The University of Melbourne reserves the right to verify this information with the Supervisor listed above and/or the Education Providers.