

## **How to fill out the Observership Student Placement Agreement**

- 1. Determine if your placement will be *Clinical* or *Research* in nature, and then download/print out the appropriate SPA from the <u>Observership website</u>, located under the *Documentation* tab.
  - Note: Majority of placements are classified as Clinical. Please email the Placements team if you are unsure.
- 2. Fill out the host Preceptor details on the top of the SPA, along with the date, then your student details and placements dates where indicated on the form
- 3. Have your host Preceptor fill out and sign the designated section on page 2. (Please leave the box below this blank for the Faculty to fill out once you have submitted your form.)
- 4. Completely fill out the Appendix 1 located on page 3. Please fill out each section clearly and include as much information as possible.
- 5. Please upload the SPA as a whole document to the <u>Placements</u> system when submitting your application. This includes the terms and conditions on the remaining pages.

If you have any questions, please do not hesitate to contact the Placements team on med.placements @uq.edu.au



Date:	Insert the details of your Preceptor here				
Title: Name: Full Organisation Nam Address:	ne:				
Dear Sir/Madam,			Insert your name and student number	n.	nsert the ame of the
UQ Medicine Year 1 Observership Placement ("Placement")  host organisation			rganisation		
currently undertaking the Doctor of Medicine (MD) Program at the University of Queensland ('UQ'). The Student is required to complete a Placement approved by UQ as part of the Program. The Placement is to be performed in the manner outlined in the UQ Medicine Year 1 Observership Preceptor Guide and between the dates of 11 November 2019 and 29 January 2020.					
I understand that your		•			
UQ and will commenc	e on [				ved by
The Faculty of Medici person in relation to th	ne Placements team	is the UQ Placeme	ent Co-ordinator and	d will be your	Insert placement dates here
By signing this letter v	our organisation agr	oos to provide the	Student with a Place	ment on the to	orms of

By signing this letter your organisation agrees to provide the Student with a Placement on the terms of this letter and UQ's Standard Terms and Conditions for Placements (Observerships) which is attached at **Appendix 2**. The date of this Agreement will be the date of your signature indicated below or if there is no date, the date of this letter.

I would be grateful if you would sign and return the attached copy of this letter.

Yours sincerely

MS

Dr Martin Wolley

Academic Coordinator - Year 1 Observership

Office of Medical Education
The University of Queensland



Your preceptor is to fill out and sign this section

Prece	ntor	to	com	olete
1.1000	0101		00111	

	ad and understood the terms and conditions of this letter and attachment/s appended or to, and I agree to and accept them.
Duly aut	horised, for and on behalf of [("Provider")
Signed:	Position:
Name:	Date:
	ead and understood the terms and conditions of this letter and attachment/s appended or
	to, and I agree to and accept them.  horised, for and on behalf of [("Provider")]
	stay with a filter of the control of the latter of the control of
Signed:	Position:

Please leave this section blank for the Faculty of Medicine to complete once you submit Please fully complete Appendix 1 and then upload the entire document, including attached terms and conditions to the <u>Placements</u> system.



## **APPENDIX 1 - PLACEMENT DETAILS**

Δ	n	n	or	nd	ĺχ	1

Student Name	
Student Number	
Placement Start Date	
Placement End Date	
Full Organisation Name	
Full Organisation	
Placement Discipline/Speciality	
Supervisor Name	
Supervisor Email	

Please return Student Placement Agreement (SPA) to the student or Faculty of Medicine Placements team. If you have any further questions please do not hesitate to contact:

The Placements team

The University of Queensland

med.placements@uq.edu.au P +61 7 3365 5327