

Daily Student Placement Log

Fill out this log after every clinical placement day and submit it to your trainer or educator.

* Required

1. Is this your first time filling out this form?



☐ Yes

☐ No

2. Induction Date: *



3. Supervisor's Signature: *

4. Name of Student *

5. Course *

6. Date of Submission *

[Date this form was completed](#)

 

Placement Log

Example:

Date (M/D/yyyy): 9/10/25

Start Time: 0700 am

End Time: 1530 pm

Number of Hours: 8 hrs

Facility Name: Wagga Wagga Base Hospital

Supervisor Name, Designation, Registration Number, and Contact Details:

Melanie Carter

Registered Nurse

NWM123567890

0412345678 / melanie@waggabasehosp.au

Supervisor Signature: Melanie Carter

7. Placement Day No. *

Example: Day 1

8. Placement Date *

Example: 09/10/25

9. Start Time *

Example: 0700 am

10. End Time *

Example: 1530 pm

11. Number of Hours *

Example: 8 hrs

12. Facility Name *

Example: Wagga Wagga Base Hospital

13. Supervisor's Name, Designation, Registration Number, and Contact Details *

Example:

Melanie Carter
Registered Nurse
NWM123567890
0412345678 / melanie@waggabasehosp.au

14. Supervisor's Signature *

Example: [Melanie Carter](#)

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