



# UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

## DEPARTMENT OF NURSING & MIDWIFERY

**Student Name:** \_\_\_\_\_ **Academic Year:** \_\_\_\_\_

**Student I D.:** \_\_\_\_\_ **Module Code:** \_\_\_\_\_

**Repeat Placement Site (Ward):** \_\_\_\_\_

Day	Date	Start Time	End Time	Hours Completed	Preceptor/Nurse/Midwife in Charge	
					Print	Signature
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
<b>Total</b>						

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CNM/CMM Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Validating all above information is correct)

**For Office Use Only:**

<b>Normal Scheduled Hours</b>	
<b>Additional</b>	
<b>Deficit</b>	
<b>Total Hours Completed</b>	

Please return to Elaine Storan, HSG-002, Clinical Allocations Office, Department of Nursing & Midwifery, University of Limerick. Please retain copy for your own records.