

Application for University Student Veterinary Science Clinic Placement

Given Name _____

Family Name _____

Contact Phone Number _____

Email Address _____

Name of University you are studying at _____

Year 1st 2nd 3rd 4th 5th

Placement Dates

From _____ to _____

Preferred Clinic to do placement

- Atherton
- Ayr
- North Shore (Townsville)
- Hinchinbrook (Ingham)
- Tully
- Innisfail



Will you require accomodation for the term of the placement? Yes No

Do you need to focus on

Small Animal Large Animals Mixed Animals

Any addition information you want to include in this application: _____

I understand that Tropical Vets will confirm in writing my placement and until I receive this notification my placement dates and clinic I have requested is not guaranteed.
I agree to allow staff from Tropical Vets to contact me regarding this request.

Authorised or Electronically Signed by applicant _____

Date _____

Office Use Only

Approved Not approved

Reason for non approval: _____

Signed: _____ Date: _____

Date added to Placement Calendar

Date added to Vision

Date Clinic&Director notified by email

Date applicant was notified by email