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# WIL Bursary Placement Report

Pharmacy Guild of Australia (PGA), John James Foundation (JJF)   
& Student Services and Amenities Fee (SSAF)

**One of the conditions for receiving support for your placement is the completion of a Placement report. The purpose of this report is to collate information on your placement that can inform University of Canberra’s planning of interstate placements, gain insight into the student experience and add to the information we have on the placement setting to assist other students who visit this location.**

**This form must be completed and submitted to:** [**wilbursaries@canberra.edu.au**](mailto:wilbursaries@canberra.edu.au)**. Please use your UC email address.**

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| **Student Details:** | | | | | | | | | |
| **Student Name:** |  | | | **Student ID:** | |  | **Course:** | |  |
| **Placement Details:** | | | | | | | | | |
| **Business Name & Address:** | |  | | | | | | | |
| **Dates of Placement:** | |  | | | **Speciality/ focus of learning:** | | |  | |
| **Learning Opportunities and Outcomes** | | | | | | | | | |
| In considering your learning experience, please respond to the following items: | | | | | | | | | |
| **Please rate this placement overall, as a learning opportunity.** | | | Exceptional Good Average Limited Unsatisfactory | | | | | | |
| **Please identify the setting:** | | | **Rural &/or Remote  Metropolitan** | | | | | | |
| **Given the setting, please provide a brief summary of your placement and your insights into this health care setting.** | | |  | | | | | | |
| **More generally as a placement, identify the 3 most valuable aspects of this learning opportunity.** | | | **1.**  **2.**  **3.** | | | | | | |
| **Do you have any suggestions on how to improve this learning opportunity?** | | |  | | | | | | |
| **Accommodation:** | | | | | | | | | |
| **Accommodation Provider:** | |  | | | | | | | |
| **Cost per night / week:** | |  | | | | | | | |
| **Would you recommend this provider to your peers? Yes  No**  Please provide any additional information (including contact details) if you think it would be helpful (e.g. Wi-Fi access; amenities): | | | | | | | | | |
| **Travel:** | | | | | | | | | |
| What forms of transport did you use on your placement? | | | | | | | | | |
| **Would you make any changes to these arrangements if you were undertaking this placement again? Yes  No**  **If yes, please provide details:** | | | | | | | | | |