

# Workplace Support Form



## Student details

Name of NZTC Student:

## Workplace details

Name of Healthcare Provider:

Type of Healthcare Provider:

Street address:

Postal address:

Name of workplace supervisor:

Workplace supervisor phone: Work

Mobile

Workplace supervisor email:

## Expectations

### Students are expected to:

- commit to work experience learning
- cooperate and accept duties in an obliging manner
- be respectful, polite, courteous and honest
- comply with NZTC policies and processes
- comply with workplace regulations

### NZTC is expected to:

- provide coursework and learning aligned to the work experience
- provide guidance and support
- liaise with the workplace supervisor to ensure student health and safety

### The Workplace Supervisor is expected to:

- provide the hours to enable the student to meet the requirements of their work experience
- provide the student with workplace policies and processes to support student health, wellbeing, safety and learning

## Competency

The student needs to demonstrate competency in the workplace environment across the outcomes of the program. The student needs to:

1. work collaboratively with colleagues in multi-disciplinary teams, and the family of a person with complex needs
2. support registered health professionals by carrying out delegated clinical tasks
3. apply knowledge of health or wellbeing conditions and use workplace processes to implement culturally appropriate person-centred care for a person with complex needs
4. communicate effectively in a culturally appropriate manner including preparing and delivering reports, recording information required by the workplace and engaging in challenging conversations
5. apply leadership skills by informal or formal mentoring and/or coaching of colleagues

### Declaration

- I understand the student needs to demonstrate competency in the workplace environment across the outcomes of the program.
- I am prepared to provide the hours to enable the student to meet the requirements of their work experience.
- I agree to sign the attendance record upon the completion of these hours.
- I understand that if this student does not meet the 200 hours practical study requirements, they may not be able to graduate from the program.

Signature of workplace supervisor

Date:

**Wait!** Before returning this form, please check that you have:

Completed all sections of the form

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Signed and dated this form

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Should you have any queries, please phone New Zealand Tertiary College on +64 9 520 4000 If you are an NZTC Applicant then please return via email: **[admissions@nztertiarycollege.ac.nz](mailto:admissions@nztertiarycollege.ac.nz)**

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### New Zealand Tertiary College office use only:

Workplace approval:

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Workplace email address:

Name of staff member:

Date: