



APPLICATION FOR PRACTICE PLACEMENT IN NURSING IN THE VAASA REGION

Family name: _____ First name: _____ female male

Home institution: _____

Number of study semesters completed prior to exchange period:
Total number of semesters: _____

List previously completed practice placements and number of weeks: _____

Planned duration of stay (in months): _____
Month in which the exchange will start: _____

Email address: _____

Please specify the area(s) of nursing for your practice placement by ticking the appropriate box(es). Also indicate how many weeks you would like to stay in each placement.

- | | |
|--|------------------------|
| <input type="checkbox"/> Internal medicine | Number of weeks: _____ |
| <input type="checkbox"/> Surgery | Number of weeks: _____ |
| <input type="checkbox"/> Children's ward | Number of weeks: _____ |
| <input type="checkbox"/> Psychiatric care | Number of weeks: _____ |
| <input type="checkbox"/> Elderly care | Number of weeks: _____ |
| <input type="checkbox"/> Home care | Number of weeks: _____ |
| <input type="checkbox"/> Other: | Number of weeks: _____ |

Language skills

Mother tongue: _____

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| English | Swedish | Finnish |
| <input type="checkbox"/> Fluent | <input type="checkbox"/> Fluent | <input type="checkbox"/> Fluent |
| <input type="checkbox"/> Sufficient | <input type="checkbox"/> Sufficient | <input type="checkbox"/> Sufficient |
| <input type="checkbox"/> Basic | <input type="checkbox"/> Basic | <input type="checkbox"/> Basic |
| | <input type="checkbox"/> None | <input type="checkbox"/> None |

Please fill in the form (electronically or by hand) and return it to the International Coordinator

Address: Novia UAS/Camilla Moliis
Wolffskavägen 33
65200 Vasa
Finland

Email: camilla.moliis@novia.fi