



## 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 and return it to the International Coordinator**

Address: Novia UAS/Katja Bonäs  
Wolffskavägen 33  
FI - 65200 Vaasa  
Finland

Email: [katja.bonas@novia.fi](mailto:katja.bonas@novia.fi)