

Education Provider Endorsement Section

University contact name/position:	
Email:	
Contact number:	
Signature:	

Please comment on the applicant's suitability for the RIPPAH program, including any strengths which would support living and undertaking placement away from home as well as providing peer support to other students:

Please comment on any relevant placement requirements including placement timings:

If successful, the university will make all reasonable endeavours to facilitate the applicant's participation in RIPPAH as part of their clinical placement program

Yes No

Please return this form to SWHHS_alliedhealthstudents@health.qld.gov.au

Please note, all sections (EOI and Education Provider Endorsement Section) must be completed for the EOI to be eligible

Submitting an expression of interest received will not guarantee a RIPPAH placement offer. All RIPPAH placements will be offered in collaboration with your university coordinator.

If you have questions or would like any further information, please contact:

SWHHS_alliedhealthstudents@health.qld.gov.au

This form has been adapted, with permission, from the University of Newcastle Department of Rural Health 'DRH Year-Long 2019 Placement Application' form. We acknowledge the efforts with gratitude for sharing.