



Pet Grooming Facility Observation/Work Placement – Emergency Contact Details Form

Students

Complete this form legibly and give to your work placement supervisor for safe keeping. It will be used if you need to be contacted urgently or if a situation arises with yourself such as an accident and your work placement needs to contact someone immediately.

Workplace Supervisors

Could we request that you please file this in a safe place in case you need to contact someone in an emergency.

Student Details

Name of Student	
Work Placement Days	
Programme of Study	
Contact Telephone Number	
Contact Email	

Additional Student Information

Record any information that the facility should be aware of such as, allergies, pregnancy, disabilities or situations that may affect your ability within your work placement (examples include epilepsy). Use reverse side of this form if required. As a student you are responsible for ensuring any changes are updated.

Emergency Contact Details

Name of Emergency Contact	
Relationship to you	
Contact telephone numbers	

School of Veterinary Nursing
vetnursing@op.ac.nz
0800 762 786

Note to Student: Leave a copy of the completed form with any observation/work placement. This form does not need to be returned to us.