



WESTERN CAPE COLLEGE OF NURSING: DEFICIT FORM

Request for workplace integrated learning (WIL): Deficit hours
(Course) _____

This request is only valid for 30 calendar days after issue. Only one area of clinical learning to be accommodated per request

Clinical facility: _____

Subject: _____

Year level: _____

Permission is requested for student: _____ Student number: _____ to make up:

- workplace integrated learning during: **Day time/Night time**
- in e.g., **Community Science** _____
- to master nursing care skills/competencies for the level of training as indicated in the learning need

STUDENTS ARE NOT PERMITTED TO MERGE CLASS AND WIL IN A 24 HOUR PERIOD

Requested by: _____

Designation: _____

Contact no: _____

Date: _____

Instructions: **Student**

- Make an appointment with the **allocation officer** at the clinical facility 2(two) weeks prior to intended utilisation of learning opportunity
- Ensure that arranged schedule is recorded on the clinical area's duty roster for the dates as arranged
- Report punctually, dressed according to official uniform code
- Keep record of the utilised learning opportunity

Instructions: **Allocation officer with whom arrangements needs to be done at the facility**

- Arrange clinical learning as requested, not to exceed the maximum of WIL hours of 44H/w (Sun – Sat.):
- Name of RPN.: _____ of (ward/clinic): _____ Ward/clinic Tel. no _____
- Dates arranged: _____ to comply with _____ hours/shifts.

Signed: _____ Date: _____ Contact no. _____

Instructions: Registered Professional Nurse who supervises the student on the day WIL takes place

- Only accept students with a signed form from the academic officer from WCCN that was pre-arranged with and signed by the allocation officer at the clinical facility
- Keep official record of student attendance on the official duty roster

- Sign the student attendance sheet with the actual time of reporting and leaving
- Report any absenteeism, poor behaviour and lack of expected skill according to level of training

Date	S	M	T	W	T	F	S
Shift /Hours							
RPN sign							
RPN print							
Student sign							

TO BE COMPLETED and signed BY Reg. Prof. Nurse on dates hours are updated

REF NO:

Date accepted: _____