

Area Profile
School of Nursing and Midwifery, UCC

To be completed by the Clinical Nurse/Midwifery Manager:

Name of Area:
Address:
Direct Line Telephone Number:

Is your unit, area or department located within a larger service provider/hospital/organisation. If so, please indicate the name of the organisation. (e.g. Cork University Hospital):
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Please indicate the name, telephone number and email address of the main contact person in your area. (e.g. Clinical Nurse/Midwifery Manager):	
Name:	Telephone Number:
Email Address:	Fax:

Area description- Please give a brief description of the service your area offers. This must include- Category of nursing/Midwifery (e.g. Elderly, Psychiatric, Surgical) and specialty if applicable (Acute Mental Health, Disorders of Human Behaviour, Gynaecology, Post Natal)
Category of Nursing:
Speciality (if applicable):
Is your area a 09.00-17.00 hr or 24hr service:
Number of beds (where applicable):
Number or individual clients / caseload (where applicable):

Complement of staff in your area- Please indicate the number of staff (nursing or other) in your area by type, category or grade. (e.g. Staff nurses/Midwives, Clinical Nurse/Midwifery Managers)			
CNM 1:	CNM 2:	CNM 3:	CNS's:
Staff Nurses:			
Other Staff (please specify numbers and type)			

Please use the box below to briefly describe your area. This description will be made available on the School of Nursing and Midwifery's **password protected** web site to students who are placed in your area. **Please use an additional sheet of paper if necessary.**

Your description **must** include:

System of Nursing Care; Special facilities or areas of interest; uniform details; best times to contact the area; instructions on how to locate your area.

Please indicate the Link Lecturer and CPC (if applicable) assigned to this area

Link Lecturer Name:

CPC name:

Practice Development Nurse:

Telephone Number:

Telephone Number:

Email Address:

Email Address:

Please indicate how many registered nurses have completed preceptorship training

Do you currently take students from other settings? For example, medical students, back to nursing etc.

Types of students:

Name of Organisations:

Other details (e.g. duration of student placements, previous audits in respect of these students):

Date profile completed:

Print Name: _____

Sign: _____

Date: _____