**Certificate of Appreciation**

**[year]**

**Sincere thanks for being so generous with your time and participation in the Whole-of-System Student Clinical Placement program   
in [local government area].**

Your involvement in teaching health professional students in the [education partner’s name] Year [level] [courses, e.g. occupational therapy, nursing …]   
and [education partner’s name] Year [level] medical programs enabled them   
to learn to work together and develop as a team during their placement in [year e.g. 2013].

Insert partner logos across the top of this certificate

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| --- | --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name  Title/role  Institution | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name  Title/role  Institution | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name  Title/role  Institution | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name  Title/role  Institution |