[Name of training institution]

This is to certify that

**[Student’s name]**

participated in the   
Whole-of-System Student Clinical Placement program [year]

Undergraduate students in the [education provider] [year level] [programs] programs worked together with a particular focus on whole-of-system, interprofessional, patient-centred healthcare. The aim of the 10-week program was to create expanded opportunities for students to work together to follow specific patients/clients with complex chronic health conditions to gain a holistic appreciation of the bio-psycho-social dimensions of health and illness and patients/clients’ experience of them. [Program] students participated in this program as part of their clinical practicum at [health service/area].

They presented their interdisciplinary team and individual work to a wide range of health professionals (community and hospital) including general practitioners, nurses, occupational therapists, pharmacists, physiotherapists, podiatrists, social workers, visiting medical officers and other health professionals.

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 |