



# Application to see practice

## Student Details

Please return to <a href="mailto:smcnutt@cluthavets.co.nz">smcnutt@cluthavets.co.nz</a>	
Name	
Address	
Telephone / Mobile	
Email	
Date of birth / Gender	M / F
Nationality	
Start date	
End date	
Area(s) of interest	
Do you have accommodation	
How are you travelling	

University	
Year (3 <sup>rd</sup> /4 <sup>th</sup> /5 <sup>th</sup> )	
Course Name	

Visit our web page on visiting South Otago

<http://www.cluthavets.co.nz/visiting-or-staying-south-otago.html>



<b>Emergency Contact 1</b>	
Name	
Telephone	
Mobile	
Email	
Address	
Relationship	

<b>Emergency Contact 2</b>	
Name	
Phone	
Mobile	
Email	
Address	
Relationship	

Do you have any condition that we should be aware of that may pose an unusual health or safety issue while you are with us, or that may affect your ability to participate in any activities you may undertake while seeing practice with us?
Details