香港都會大學
護理及健康學院
Hong Kong Metropolitan University
School of Nursing and Health Studies

Notification of SICK/ CASUAL Leave from Clinical Placement Form

Student Name:	Student No.:
Programme: Full-time: Bachelor of Nursing with Honours in ☐ General Health Care ☐ Mental Health Care Higher Diploma in Nursing Studies ☐ General Health Care ☐ Mental Health Care Distance Learning: Higher Diploma in ☐ Nursing ☐ Mental Health Nursing	
Practicum: ☐ I ☐ II ☐ III ☐ IV ☐ V (For Full-time Programme Students Only)	
Course Code: NURS N_____	
Hospital:	Ward/Unit: Specialty:

☐ Sick leave / ☐ Casual leave

Date(s) of leave : _____

Reasons of leave:

Medical certificate /Casual leave application approving email enclosed: ☐ Yes ☐ No

Signature : _____

Date of report: _____

*** Higher Diploma in Nursing /Mental Health Nursing students (An Integrated Conversion Programme for Enrolled Nurse) without-sponsorship for the programme and all Full-time Programmes students:**

1. Please hand in a copy of this form and medical certificate/justification of leave approval to the ward-in-charge in the first day of resuming duty.
2. Please submit the original copies of this form and medical certificate/justification of leave approval to the Course Coordinator by 5pm of the first Friday after the clinical placement.

*** Higher Diploma in Nursing /Mental Health Nursing (An Integrated Conversion Programme for Enrolled Nurse) students who are sponsored by their employers (e.g. Hospital Authority/ private hospitals) for the programmes:**

1. Please submit this form and the copy of medical certificate/justification of leave approval to the Course Coordinator by 5pm of the first Friday after the clinical placement.
2. Please also follow the procedures of the employers for sick leave/casual leave application.