



School of Nursing Science

Shadow Nursing Portfolio



Name prospective student:

Contact number:

Name of hospital:

Nursing Service Manager:

Contact number:

Mafikeng:

Email / epos: *Tshegofatso Molemane - 22651306@nwu.ac.za*

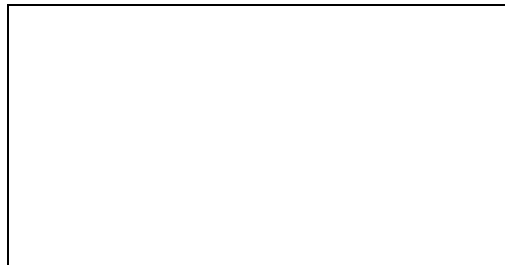
Potchefstroom:

Epos / email: *Bernice Mokele - Bernice.Mokele@nwu.ac.za*

Dear Prospective Student

If you struggle to obtain permission to do job shadowing at a hospital near your home, you are welcome to do the job shadowing in an Old Age Home or Clinic nearby.

Clinical facility/hospital	
Date	
Practical hours	



Official Stamp

Unit Manager	
Name	
Signature	

Prospective Student	
Name	
Signature	

A ***Describe the daily routine within the unit***

B ***Describe your personal experience within this unit***

C ***Report from the Unit Manager***
