Form 006: Concerns in Placement

This form is for completion by the student if they identify something in practice which causes concern to them. They may be related to poor knowledge, poor skills or non-professional attitude witnessed whilst on Professional Practice Placement. The student is encouraged to complete this form and submit to the PPC in the first instance. If the student does not feel they can do this then they can submit to their HEI Personal Tutor, who will liaise with the PPC on their behalf.

**Concern in Placement (Learner)**

|  |  |
| --- | --- |
| **Learner Name:** | **Mentors Name:** |
|  |  |
| **Placement Area:** | **Placement Dates:** |
|  |  |
| **Date:** | **Level of Concern:** |
|  | Low / Medium / High |

**General Information**

Please tick any of the areas below that are of concern

|  |  |  |  |
| --- | --- | --- | --- |
| **Attendance** | **Clinical Skills** | **Professional/ Attitude** | **Other** |
|  |  |  |  |

|  |
| --- |
| **Additional information outlining cause for concern:** |
| **Has mentor been informed** |

|  |
| --- |
| **PPC’s Action Plan** |
|  |

**Student Signature** …………………………………..**Date** …………………………

|  |  |  |  |
| --- | --- | --- | --- |
| **Discussed With** | **Operations Officer** | **Named/Practice Mentor** | **Individual being reported** |
| **Name** |  |  |  |
| **Method of Contact** |  |  |  |
| **Date** |  |  |  |