Form 001: Practice Advisory Log

This form is for completion by the Student’s Mentor if they identify any concerns with the knowledge, skills or attitude of a Student, e.g. Student Paramedic, whilst on a practice placement with SWASFT. Following completion this should be discussed with your Operations Officer and PPC. The form can also be used to inform the PPC and/or the relevant educational provider of positive feedback. If an action plan is appropriate this should be completed on the form and forwarded to the PPC.

**Practice Advisory Log**

|  |  |
| --- | --- |
| **Learner Name:** | **Mentor Name & Position:** |
|  |  |
| **Area of Placement:** | **Placement Dates:** |
|  |  |
| **Reason for Recording:** | **Level of Concern:** |
| Routine / Referral / Requested | Low / Medium / High |

**General Information**

Please tick any of the areas below that are of concern

|  |  |  |  |
| --- | --- | --- | --- |
| **Attendance/Time Keeping** | **Clinical Skills** | **Professionalism/ Attitude** | **Other** |
|  |  |  |  |

|  |
| --- |
| **Additional information outlining cause for concern**  |
| **(Who, What, Why, Where, When and How)** |

|  |
| --- |
| **Action Plan** |
|  |

**Mentor Name & Signature** ………………………………………. **Date…………………**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Discussed With** | **Operations Officer/ Bronze** | **Named/****Practice Mentor** | **PPC** | **University Tutor** |
| **Name** |  |  |  |  |
| **Method of Contact** |  |  |  |  |
| **Date** |  |  |  |  |