Form 003: Reporting of Non-lead Clinician Placements

This form is completed by the student paramedic/technician.

If a student paramedic/technician finds themselves not working with a paramedic whilst on practice placement within SWASFT, then this form should be completed and forwarded electronically to the relevant Practice Placement Coordinator for action. Please note that due to service demand there may be occasions when it is expected that paramedic students will work ECA/Technician shifts. However, if you or the student considers that this is happening on a regular basis please ask the student to complete the FORM 003.

**Reporting of Non-lead Clinician Placements**

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| --- | --- |
| **Name of Student** |  |
| **SWASFT Staff Number** |  |
| **Programme & Year** |  |
| **Mentor** |  |
| **OM Area** |  |
| **Level of crew allocation**  **(E.g. Adv Tech/Amb Prac/ECA** |  |
| **Date of Shift with Non-lead Clinician Crew** |  |
| **Duration of Shift** |  |
| **Ambulance Station** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for allocation of shift? (tick relevant)** | | | |
| **Long term Staff Sickness** |  | **Short notice staff sickness** |  |
| **At request of Student** |  | **At request of mentor** |  |
| **To consolidate learning** |  | **To assist in service delivery** |  |
| **In response to high levels of service demand** |  | **In order to provide extra resource** |  |
| **No other shift available** |  | **At request of PPC** |  |
| **To cover staff annual leave** |  | **To cover seasonal pressure (public holiday)** |  |
| **For specific learning need agreed by mentor & student** |  | **Too many learners for group** |  |
| **Other – please describe** |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Has the Operations Officer been made aware?** | **YES** | **NO** | **Has the mentor been made aware?** | **YES** | **NO** |
| **Has the PPC been made aware?** | **YES** | **NO** | **Is this an avoidable allocation?** | **YES** | **NO** |

|  |  |
| --- | --- |
| **Completed by:** |  |
| **Signature……....................................... Name……………………………..Date…………** | |