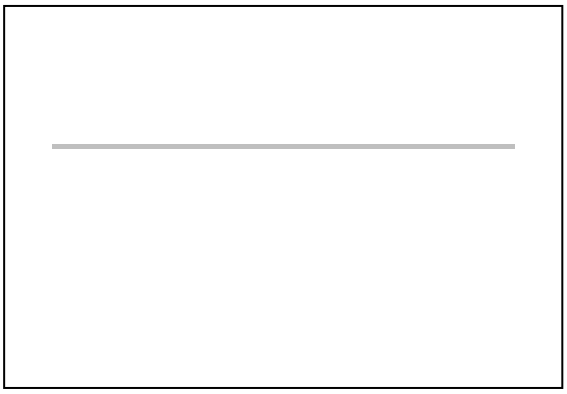
Accredited by: Royal College of Occupational Therapists
Approved by: Health & Care Professionals Council

Student Name Enter Full Name

PLACEMENT ONE

OCTH4005

Last revised December 2020



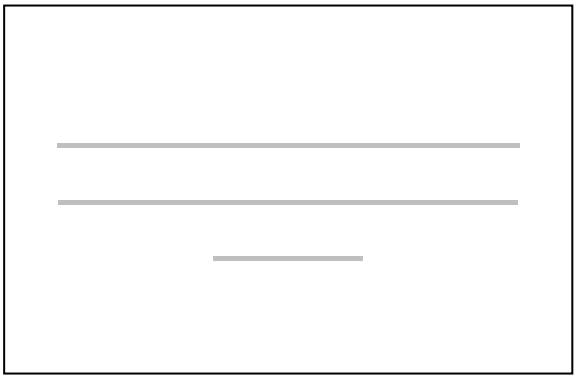
Contents

Course Leader	01905 542686	therapyplacements@worc.ac.uk
Senior Lecturer	01905 542618	
Practice Placement Coordinator	01905 542619	
Practice Placement Coordinator	01905 855362	
Senior Lecturer	01905 543016	

Senior Lecturer & Practice Education LeadEX 60196

	Local Induction	Enter a date	Enter a date
	Initial Interview	Enter a date	Enter a date
	Intermediate Interview	Enter a date	Enter a date
	Zoned Academic Meeting	Enter a date	Enter a date
	Final Interview	Enter a date	Enter a date

Please note Additional zoned academic meetings can be arranged as required.



At the start of each placement, your Practice Educator must complete and initial the following:

This should be completed by the end of week one, negotiated between practice educator and student

Enter text here
x *Review modified SWOT analysis & summary of previous practice learning to identify areas of knowledge, & skills that the student needs to focus on* x *Discuss learning opportunities that the placement can offer* x *Review the Learning Outcomes to identify how expectations can be met in this setting* x *Identify and discuss student and Practice Educator expectations* x *Identify potential SPOKE experiences* Enter text here

I confirm that I have received formal Practice Educator training within the past 2 years. I have read and understood the Practice Educator Handbook. I agree to undertake responsibility for practice education for Enter Full Name
and to arrange appropriate cover and / or inform the university if I become unable to complete this role.

Enter Signature/Name

Enter text here

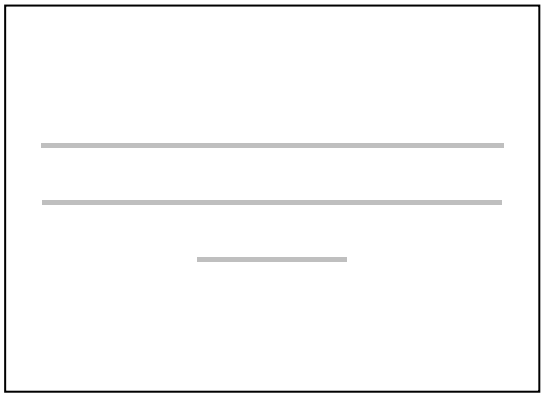
Enter text here

Enter text here

	Enter Signature/Name	Enter a date
	Enter Signature/Name	Enter a date

Enter text here

Enter text here



3.

LO1	Enter text here	Enter text here
LO2	Enter text here	Enter text here
	Enter Signature/Name	Enter Signature/Name

LO3	Enter text here	Enter text here
LO4	Enter text here	Enter text here
	Enter Signature/Name	Enter Signature/Name

LO5	Enter text here	Enter text here
LO6	Enter text here	Enter text here
	Enter Signature/Name	Enter Signature/Name

Summarise your views on your progress, including strengths and areas needing development. Identify any barriers to your learning.

Enter text here

Summarise how the student is progressing including their strengths, areas for improvement and any factors affecting performance.

Enter text here

Enter text here	Enter text here	Enter text here	
Enter text here	Enter text here	Enter text here	
Enter text here	Enter text here	Enter text here	
Enter text here	Enter text here	Enter text here	
Enter text here	Enter text here	Enter text here	
Enter text here	Enter text here	Enter text here	
Enter Signature/Name		Enter Signature/Name	
Enter a date		Enter a date	

This form should be used when students or practice educators have concerns that the outcomes of the placement will not be achieved. It is expected that the student and practice educator will have discussed the area of concern in supervision. Please contact your Zoned Academic when you identify a need to complete this form.

Enter Name	Enter Name

Enter text here	Enter text here	Enter text here	

LO1	Enter text here	Enter text here
LO2	Enter text here	Enter text here
	Enter Signature/Name	Enter Signature/Name

LO3	Enter text here	Enter text here
LO4	Enter text here	Enter text here

Enter Name	**NO:** Enter Number	
Enter Name	Enter text here	
Enter text here	Enter a date	

Enter text here

Enter Signature/Name

Enter text here

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Hours must be entered numerically and verified and signed by your Practice Educator or another appropriate professional. Breaks are not included in hours worked.

Please use the following codes for absence:

SICKNESS	ABSENT	AUTHORISED LEAVE	COMPASSIONATE LEAVE

Sickness of 4-7 days requires a self-certification of sickness form, sickness of 8 days and over must have a certificate signed by a Doctor.

Enter a date	Enter text here	Enter text here	Enter text here	Enter Signature/Name
Enter a date	Enter text here	Enter text here	Enter text here	Enter Signature/Name

STUDENT NAME: Enter Full Name	PRACTICE EDUCATOR NAME: Enter Full Name		
Local Placement Induction completed		Local Placement Induction completed	
Access to study resources		Access to study resources	

Work completed

- x Examples of activities undertaken
- x SPOKE opportunities
- x