

<b>Name</b> .....
<b>Number</b> .....
<b>Cohort</b> .....
<b>Personal Tutor</b> .....



# England Nursing Associate

# ONGOING ACHIEVEMENT RECORD

NAPAD, Standards of proficiency for nursing associates, (NMC 2018)

**This OAR is to be used in conjunction with the Practice Assessment Document**

## TABLE OF CONTENTS

The OAR document contains:

- A summary of each placement
- Practice Assessor checklist/comments
- Progression statements

### Guidelines for OAR

#### Student

The Ongoing Achievement Record (OAR) summarises your achievements in each placement and with the Practice Assessment Document (PAD) provides a comprehensive record of professional development and performance in practice.

The purpose of this document is to provide evidence from Practice Assessor to Practice Assessor regarding your progress, highlighting any areas for development throughout the programme. Your Practice Assessor and Academic Assessor must have access to this document at all times during your placement and it should be made available on request. It is your responsibility to ensure it is completed on each placement.

#### Practice Supervisor

As a Practice Supervisor you can use the OAR to review achievements and progress to date and identify additional learning opportunities to support student development and learning.

#### Practice Assessor

As a Practice Assessor this document provides you with information regarding the student's progress. This allows areas for development to be identified from previous placements. It is your responsibility to ensure that each Placement record is completed and the Progression Statement at the end of the PAD is signed.

#### Academic Assessor

As the Academic Assessor you work in partnership with the Practice Assessor in relation to student achievement in practice. The Academic Assessor confirms student completion and recommends the student for progression for each part of the programme.

### Terminology

Throughout the document the term student is used. "Student" has been used to be consistent with the terminology used by the NMC in their documentation *Standards for pre-registration Nursing Associate Programmes* (2018).

### Protected learning time

Organisations must ensure that nursing associate students have protected learning time in line with one of these two options (NMC 2018)

Option A: nursing associate students are supernumerary when they are learning in practice

Option B: nursing associate students who are on work-placed learning routes:

- are released for at least 20 percent of the programme for academic study
- are released for at least 20 percent of the programme time, which is assured protected learning time in external practice placements, enabling them to develop the breadth of experience required for a generic role, and
- protected learning time must be assured for the remainder of the required programme hours.

# PART A

**PAD 1 - PLACEMENT 1**  
**To be completed by the Practice Assessor**

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

**Yes/No**

Has the student achieved the agreed proficiencies?

**Yes/No**

Has the student achieved their agreed learning and development needs?

**Yes/No**

Has the student completed the required hours?

**Yes/No**

Has an Action Plan been put in place? (if yes, see PAD document)

**Yes/No**

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document  
 (This can be completed following the final review)

Name:

Signature:

Date:

**PAD 1 - PLACEMENT 2**  
**To be completed by the Practice Assessor**

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

**Yes/No**

Has the student achieved the agreed proficiencies?

**Yes/No**

Has the student achieved their agreed learning and development needs?

**Yes/No**

Has the student completed the required hours?

**Yes/No**

Has an Action Plan been put in place? (if yes, see PAD document)

**Yes/No**

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document  
 (This can be completed following the final review)

Name:

Signature:

Date:

**PAD 1 - PLACEMENT 3**  
**To be completed by the Practice Assessor**

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

**Yes/No**

Has the student achieved the agreed proficiencies?

**Yes/No**

Has the student achieved their agreed learning and development needs?

**Yes/No**

Has the student completed the required hours?

**Yes/No**

Has an Action Plan been put in place? (if yes, see PAD document)

**Yes/No**

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document  
 (This can be completed following the final review)

Name:

Signature:

Date:

**PAD 1 – RETRIEVAL PLACEMENT**  
**To be completed by the Practice Assessor**

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

**Yes/No**

Has the student achieved the agreed proficiencies?

**Yes/No**

Has the student achieved their agreed learning and development needs?

**Yes/No**

Has the student completed the required hours?

**Yes/No**

Has an Action Plan been put in place? (if yes, see PAD document)

**Yes/No**

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document

(This can be completed following the final review)

Name:

Signature:

Date:

**End of PAD 1**

To be completed by the Practice Assessor and Academic Assessor

**Practice Assessor:**

In addition to the achievement of professional values and proficiencies

Has the student achieved additional proficiencies in PAD 1 (if required) **Yes/No/NA**

Has the student achieved the Episode of Care? **Yes/No**

Has the student achieved Medicines Management? **Yes/No**

I confirm that I have been in communication with the Academic Assessor regarding the student's performance and achievement.

I confirm that the student has participated in care (with guidance), achieved all the requirements of PAD 1 and is performing with increasing confidence and competence.

**Practice Assessor:** *(print name below)*

**Practice Assessor's signature:**

**Date:**

I recommend that the student can progress to PAD 2.

**Academic Assessor:** *(print name below)*

**Academic Assessor's signature:**

**Date:**



**PAD 2 - PLACEMENT 1**  
**To be completed by the Practice Assessor**

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

**Yes/No**

Has the student achieved the agreed proficiencies?

**Yes/No**

Has the student achieved their agreed learning and development needs?

**Yes/No**

Has the student completed the required hours?

**Yes/No**

Has an Action Plan been put in place? (if yes, see PAD document)

**Yes/No**

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document

(This can be completed following the final review)

Name:

Signature:

Date:

**PAD 2 - PLACEMENT 2**  
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

**Yes/No**

Has the student achieved the agreed proficiencies?

**Yes/No**

Has the student achieved their agreed learning and development needs?

**Yes/No**

Has the student completed the required hours?

**Yes/No**

Has an Action Plan been put in place? (if yes, see PAD document)

**Yes/No**

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document  
(This can be completed following the final review)

Name:

Signature:

Date:

**PAD 2 - PLACEMENT 3**  
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

**Yes/No**

Has the student achieved the agreed proficiencies?

**Yes/No**

Has the student achieved their agreed learning and development needs?

**Yes/No**

Has the student completed the required hours?

**Yes/No**

Has an Action Plan been put in place? (if yes, see PAD document)

**Yes/No**

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document  
(This can be completed following the final review)

Name:

Signature:

Date:

**PAD 2 – RETRIEVAL PLACEMENT**  
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

**Yes/No**

Has the student achieved the agreed proficiencies?

**Yes/No**

Has the student achieved their agreed learning and development needs?

**Yes/No**

Has the student completed the required hours?

**Yes/No**

Has an Action Plan been put in place? (if yes, see PAD document)

**Yes/No**

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document  
(This can be completed following the final review)

Name:

Signature:

Date:

**End of PAD 2**

To be completed by the Practice Assessor and Academic Assessor

**Practice Assessor:**

In addition to the achievement of professional values and proficiencies

Has the student achieved any outstanding proficiencies from PAD 1 **Yes/No/NA**

Has the student achieved the Episode of Care 1? **Yes/No**

Has the student achieved the Episode of Care 2? **Yes/No**

Has the student achieved Medicines Management? **Yes/No**

I confirm that I have been in communication with the Academic Assessor regarding the student's performance and achievement.

I confirm that the student is practising independently with minimal supervision, achieved all the requirements of PAD2 and provides and monitors care with increasing knowledge, skills and confidence.

**Practice Assessor:** *(print name below)*

I have reviewed the assessment documentation and student reflections and can confirm the student has been assessed by the Practice Assessor as fit to practice safely and effectively with minimal supervision and I recommend the student for progression to the Nursing and Midwifery Council Nursing Associate part of the register for the United Kingdom.

**Student Name:** (print name)

**Academic Assessor:** *(print name below)*

**Academic Assessor's signature:**

**Date:**



# **PART B**

## **(Apprenticeship route)**

The section contains:

- Information and guidance on protected learning activities, including suggested activities and a log sheet for recording these;
- Information and guidance on guided independent study activities and a log sheet for recording these;
- Tripartite review information and guidance and forms to record these;
- Mandatory training record sheet.

## Protected Practice Learning Time

Protected practice learning time is defined by the NMC (2018) as time in a health or care setting during which students are learning and are supported to learn. During this time the student must be supervised and the level of supervision required is a matter of professional judgement. This will depend on the competence and confidence of the student and the risk associated with the intervention being delivered. The time taken to complete each activity must be recorded by the student and confirmed by their practice supervisor/assessor on the record sheets within this section. Examples of suggested activities are listed below:

- Patient Journey: e.g. Surgical Patient – Pre-assessment; ward; MRI/x-ray; theatres; recovery; ward
- Shadow members of the interprofessional team: e.g. Physiotherapist; Radiographer; Occupational therapist; Dietician; Speech and Language Therapists; Pharmacist/Pharmacy; Social worker/Social services
- Children and Young People: Staff nursery, Children’s centres, Paediatric play specialist, Youth offending unit/prison services, Pre-natal services, Family nurse partnership, Health Visitor, School nurse
- Mental Health: Psychiatric Liaison Nurse, Maternal mental health services, Drug and Alcohol Services
- Clinical Nurse Specialists e.g. breast, diabetes, palliative, colorectal, ENT, alcohol liaison
- Visit to voluntary agencies to understand their role e.g. Age concern; Mencap; MIND; Samaritans
- Learning Disability liaison team
- Interprofessional team meetings
- Ward rounds; Schwartz rounds
- Patient Advisory Liaison Services (PALS)
- Hospital Chaplaincy team
- Safeguarding leads
- Discharge team
- Clinical site team
- Close to home team
- Bed management team
- Homeless health team
- Sexual Health services



**Protected Practice Learning Time** - Year 1 (minimum 87.5 hours per year)

The student must be supervised during protected practice learning time. The protected practice learning time must be identified on the staff rota. The level of supervision required is a matter of professional judgement and will depend on the competence and confidence of the student and the risk associated with the intervention being delivered.

Date	Description of Activity	Comments & Signature of Practice Supervisor/ Assessor / Date	Signature of Student/Date	Time Taken
<b>Total Hours</b>				

**Protected Practice Learning Time - Year 1 (minimum 87.5 hours per year)**

The student must be supervised during protected practice learning time. The protected practice learning time must be identified on the staff rota. The level of supervision required is a matter of professional judgement and will depend on the competence and confidence of the student and the risk associated with the intervention being delivered.

Date	Description of Activity	Comments & Signature of Practice Supervisor/ Assessor / Date	Signature of Student/Date	Time Taken
<b>Total Hours</b>				

**Protected Practice Learning Time - Year 1 (minimum 87.5 hours per year)**

The student must be supervised during protected practice learning time. The protected practice learning time must be identified on the staff rota. The level of supervision required is a matter of professional judgement and will depend on the competence and confidence of the student and the risk associated with the intervention being delivered.

Date	Description of Activity	Comments & Signature of Practice Supervisor/ Assessor / Date	Signature of Student/Date	Time Taken
<b>Total Hours</b>				

**Protected Practice Learning Time - Year 1 (minimum 87.5 hours per year)**

The student must be supervised during protected practice learning time. The protected practice learning time must be identified on the staff rota. The level of supervision required is a matter of professional judgement and will depend on the competence and confidence of the student and the risk associated with the intervention being delivered.

Date	Description of Activity	Comments & Signature of Practice Supervisor/ Assessor / Date	Signature of Student/Date	Time Taken
<b>Total Hours</b>				

**Protected Practice Learning Time - Year 2 (minimum 87.5 hours per year)**

The student must be supervised during protected practice learning time. The protected practice learning time must be identified on the staff rota. The level of supervision required is a matter of professional judgement and will depend on the competence and confidence of the student and the risk associated with the intervention being delivered.

Date	Description of Activity	Comments & Signature of Practice Supervisor/ Assessor / Date	Signature of Student/Date	Time Taken
<b>Total Hours</b>				

**Protected Practice Learning Time - Year 2 (minimum 87.5 hours per year)**

The student must be supervised during protected practice learning time. The protected practice learning time must be identified on the staff rota. The level of supervision required is a matter of professional judgement and will depend on the competence and confidence of the student and the risk associated with the intervention being delivered.

Date	Description of Activity	Comments & Signature of Practice Supervisor/ Assessor / Date	Signature of Student/Date	Time Taken
<b>Total Hours</b>				

**Protected Practice Learning Time - Year 2 (minimum 87.5 hours per year)**

The student must be supervised during protected practice learning time. The protected practice learning time must be identified on the staff rota. The level of supervision required is a matter of professional judgement and will depend on the competence and confidence of the student and the risk associated with the intervention being delivered.

Date	Description of Activity	Comments & Signature of Practice Supervisor/ Assessor / Date	Signature of Student/Date	Time Taken
<b>Total Hours</b>				

**Protected Practice Learning Time - Year 2 (minimum 87.5 hours per year)**

The student must be supervised during protected practice learning time. The protected practice learning time must be identified on the staff rota. The level of supervision required is a matter of professional judgement and will depend on the competence and confidence of the student and the risk associated with the intervention being delivered.

Date	Description of Activity	Comments & Signature of Practice Supervisor/ Assessor / Date	Signature of Student/Date	Time Taken
<b>Total Hours</b>				



## **Protected Theoretical Learning Time - Guided Independent Study**

To further enhance your learning for each module you will be allocated additional learning activities which are designated as 'Guided Independent Study'. Its aim is to support your independence and development as a nursing associate student. Guided Independent Study is protected theoretical learning time that you will be allocated in practice via the e-roster for personal study, and to prepare you for your classes and assessments.

Guided Independent Study activities will include, but is not limited to:

- completing coursework
- preparing for any assessments & examinations
- team & group work
- tutoring & mentoring activities
- personal development activities that are relevant to the module
- developing your key skills that are relevant to the module

For each module the team will direct a range of activities, but it is also expected that you engage in self-organised learning. To help you to plan your time, there is an Independent Study guide for each module on Canvas, which sets out the kinds of activity that we anticipate you to be involved in and the time that can be spent on these. Please note that this is a guide and allows you the opportunity to exercise self-organised learning. You may find it more beneficial to spend extra time on some activities and less on others. Should you have questions or need any further guidance, please contact a member of the relevant module team.

It is expected that that you will complete 200 hours in Year one and 237.5 hours in Year two on Guided Independent Study activities as part of the theory hours required by the NMC. The time taken to complete Guided Independent Study must be recorded by the student on the record sheets within this section, along with a brief description of the activity and how these relate to the learning outcomes of the module.

**Protected Theoretical Learning Time - Guided Independent Study - Year 1 (minimum 200 hours per year)**

Time for Protected Theoretical Learning Time - Guided Independent Study must be identified on the staff rota. Students are expected to maintain a record of the time allocated and spent on guided independent study, along with a brief description of the activity and how this addresses the module learning outcomes.

Date	Module Title	Description of Learning Activity	Module learning outcomes addressed	Signature of Student/Date	Time Allocated
<b>Total Hours</b>					

**Protected Theoretical Learning Time - Guided Independent Study** - Year 1 (minimum 200 hours per year)

Time for Protected Theoretical Learning Time - Guided Independent Study must be identified on the staff rota. Students are expected to maintain a record of the time allocated and spent on guided independent study, along with a brief description of the activity and how this addresses the module learning outcomes.

Date	Module Title	Description of Learning Activity	Module learning outcomes addressed	Signature of Student/Date	Time Allocated
<b>Total Hours</b>					

**Protected Theoretical Learning Time - Guided Independent Study** - Year 1 (minimum 200 hours per year)

Time for Protected Theoretical Learning Time - Guided Independent Study must be identified on the staff rota. Students are expected to maintain a record of the time allocated and spent on guided independent study, along with a brief description of the activity and how this addresses the module learning outcomes.

Date	Module Title	Description of Learning Activity	Module learning outcomes addressed	Signature of Student/Date	Time Allocated
<b>Total Hours</b>					

**Protected Theoretical Learning Time - Guided Independent Study** - Year 1 (minimum 200 hours per year)

Time for Protected Theoretical Learning Time - Guided Independent Study must be identified on the staff rota. Students are expected to maintain a record of the time allocated and spent on guided independent study, along with a brief description of the activity and how this addresses the module learning outcomes.

Date	Module Title	Description of Learning Activity	Module learning outcomes addressed	Signature of Student/Date	Time Allocated
<b>Total Hours</b>					

**Protected Theoretical Learning Time - Guided Independent Study** - Year 2 (minimum 237.5 hours per year)

Time for Protected Theoretical Learning Time - Guided Independent Study must be identified on the staff rota. Students are expected to maintain a record of the time allocated and spent on guided independent study, along with a brief description of the activity and how this addresses the module learning outcomes.

Date	Module Title	Description of Learning Activity	Module learning outcomes addressed	Signature of Student/Date	Time Allocated
<b>Total Hours</b>					

**Protected Theoretical Learning Time - Guided Independent Study** - Year 2 (minimum 237.5 hours per year)

Time for Protected Theoretical Learning Time - Guided Independent Study must be identified on the staff rota. Students are expected to maintain a record of the time allocated and spent on guided independent study, along with a brief description of the activity and how this addresses the module learning outcomes.

Date	Module Title	Description of Learning Activity	Module learning outcomes addressed	Signature of Student/Date	Time Allocated
<b>Total Hours</b>					

**Protected Theoretical Learning Time - Guided Independent Study** - Year 2 (minimum 237.5 hours per year)

Time for Protected Theoretical Learning Time - Guided Independent Study must be identified on the staff rota. Students are expected to maintain a record of the time allocated and spent on guided independent study, along with a brief description of the activity and how this addresses the module learning outcomes.

Date	Module Title	Description of Learning Activity	Module learning outcomes addressed	Signature of Student/Date	Time Allocated
<b>Total Hours</b>					



**Protected Theoretical Learning Time - Guided Independent Study** - Year 2 (minimum 237.5 hours per year)

Time for Protected Theoretical Learning Time - Guided Independent Study must be identified on the staff rota. Students are expected to maintain a record of the time allocated and spent on guided independent study, along with a brief description of the activity and how this addresses the module learning outcomes.

Date	Module Title	Description of Learning Activity	Module learning outcomes addressed	Signature of Student/Date	Time Allocated
<b>Total Hours</b>					

**Protected Theoretical Learning Time - Guided Independent Study** - Year 2 (minimum 237.5 hours per year)

Time for Protected Theoretical Learning Time - Guided Independent Study must be identified on the staff rota. Students are expected to maintain a record of the time allocated and spent on guided independent study, along with a brief description of the activity and how this addresses the module learning outcomes.

Date	Module Title	Description of Learning Activity	Module learning outcomes addressed	Signature of Student/Date	Time Allocated
<b>Total Hours</b>					

## Process for tripartite reviews

Tripartite progress reviews should take place on a three monthly basis. These review meetings should involve the apprentice, a University academic staff member and an employer representative, ideally the line manager. These meetings will normally take place face to face, but on occasions may need to be conducted virtually (for example via Skype) if this is agreeable with all parties. Face to face meeting **MUST** occur if issues of concern are anticipated. Dates for meetings will be initiated by the University.

The tripartite reviews provide an opportunity to discuss the following agenda:

- check progress against the relevant apprenticeship standard and commitment statement, including ensuring that the apprentice is on target to meet the 20% off-the-job training requirement (including confirmation that this is taking place within the working week);
- review attendance and highlight any issues;
- discuss and evidence the apprentice's learning (through both on- and off-the-job training), and review performance;
- review the apprentice's continuing support needs, including triggering an assessment where appropriate;
- review the support being offered by the University and the employer;
- discuss personal and career development;
- celebrate successes and achievements;
- agree future targets and objectives;
- identify improvements/changes that could be made;
- identify any revisions required to the individual learning plan and commitment statement, for example because of any changes in circumstance.

In year 2 the end-point assessment will also be discussed.

### Prior to meeting:

The apprentice will have completed preparatory work by ensuring that their PAD and OAR are up to date, and they have completed the required review paperwork. Lecturers will review the apprentice's record of progress and attendance prior to the meeting.

### During meeting

The areas for discussion are:

- Strengths
- Areas for ongoing monitoring and development
- Summary of discussion
- Actions to be undertaken
- Student response
- Date of next meeting

A record of the discussion and actions to be taken will be recorded in the OAR, and signed by all three parties.

### After meeting:

Support the apprentice to meet the objectives in the action plan, where needed.

### Tripartite Review Record: Year 1 – Meeting 1

The Tripartite review is a meeting with the student, employer and representative from the Higher Education Institute to discuss the student's progression.

DATE	
	STRENGTHS:
	AREAS FOR ONGOING MONITORING AND DEVELOPMENT:
	SUMMARY OF DISCUSSION:
	ACTIONS TO BE UNDERTAKEN:
	STUDENT RESPONSE:
	DATE OF NEXT MEETING:

<b>PRESENT DURING REVIEW</b>		
	<i>PRINT NAME</i>	<i>SIGNATURE</i>
<b>TRUST REPRESENTATIVE:</b>		
<b>FACULTY REPRESENTATIVE:</b>		
<b>STUDENT:</b>		
<b>OBSERVER (IF PRESENT):</b>		

### Tripartite Review Record: Year 1 Meeting 2

The Tripartite review is a meeting with the student, employer and representative from the Higher Education Institute to discuss the student's progression.

DATE	
	STRENGTHS:
	AREAS FOR ONGOING MONITORING AND DEVELOPMENT:
	SUMMARY OF DISCUSSION:
	ACTIONS TO BE UNDERTAKEN:
	STUDENT RESPONSE:
	DATE OF NEXT MEETING:

<b>PRESENT DURING REVIEW</b>		
	<i>PRINT NAME</i>	<i>SIGNATURE</i>
<b>TRUST REPRESENTATIVE:</b>		
<b>FACULTY REPRESENTATIVE:</b>		
<b>STUDENT:</b>		
<b>OBSERVER (IF PRESENT):</b>		

### Tripartite Review Record: Year 1 – Meeting 3

The Tripartite review is a meeting with the student, employer and representative from the Higher Education Institute to discuss the student's progression.

DATE	
	STRENGTHS:
	AREAS FOR ONGOING MONITORING AND DEVELOPMENT:
	SUMMARY OF DISCUSSION:
	ACTIONS TO BE UNDERTAKEN:
	STUDENT RESPONSE:
	DATE OF NEXT MEETING:



<b>PRESENT DURING REVIEW</b>		
	<i><b>PRINT NAME</b></i>	<i><b>SIGNATURE</b></i>
<b>TRUST REPRESENTATIVE:</b>		
<b>FACULTY REPRESENTATIVE:</b>		
<b>STUDENT:</b>		
<b>OBSERVER (IF PRESENT):</b>		

### Tripartite Review Record: Year 1 – Meeting 4

The Tripartite review is a meeting with the student, employer and representative from the Higher Education Institute to discuss the student's progression.

DATE	
	STRENGTHS:
	AREAS FOR ONGOING MONITORING AND DEVELOPMENT:
	SUMMARY OF DISCUSSION:
	ACTIONS TO BE UNDERTAKEN:
	STUDENT RESPONSE:
	DATE OF NEXT MEETING:

<b>PRESENT DURING REVIEW</b>		
	<i><b>PRINT NAME</b></i>	<i><b>SIGNATURE</b></i>
<b>TRUST REPRESENTATIVE:</b>		
<b>FACULTY REPRESENTATIVE:</b>		
<b>STUDENT:</b>		
<b>OBSERVER (IF PRESENT):</b>		

## Tripartite Review Record: Year 2 Meeting 1

The Tripartite review is a meeting with the student, employer and representative from the Higher Education Institute to discuss the student's progression.

DATE	
	STRENGTHS:
	AREAS FOR ONGOING MONITORING AND DEVELOPMENT:
	SUMMARY OF DISCUSSION:
	ACTIONS TO BE UNDERTAKEN:
	STUDENT RESPONSE:
	DATE OF NEXT MEETING:

<b>PRESENT DURING REVIEW</b>		
	<i>PRINT NAME</i>	<i>SIGNATURE</i>
<b>TRUST REPRESENTATIVE:</b>		
<b>FACULTY REPRESENTATIVE:</b>		
<b>STUDENT:</b>		
<b>OBSERVER (IF PRESENT):</b>		

### Tripartite Review Record: Year 2 – Meeting 2

The Tripartite review is a meeting with the student, employer and representative from the Higher Education Institute to discuss the student's progression.

DATE	
	STRENGTHS:
	AREAS FOR ONGOING MONITORING AND DEVELOPMENT:
	SUMMARY OF DISCUSSION:
	ACTIONS TO BE UNDERTAKEN:
	STUDENT RESPONSE:
	DATE OF NEXT MEETING:

<b>PRESENT DURING REVIEW</b>		
	<i><b>PRINT NAME</b></i>	<i><b>SIGNATURE</b></i>
<b>TRUST REPRESENTATIVE:</b>		
<b>FACULTY REPRESENTATIVE:</b>		
<b>STUDENT:</b>		
<b>OBSERVER (IF PRESENT):</b>		

### Tripartite Review Record: Year 2 – Meeting 3

The Tripartite review is a meeting with the student, employer and representative from the Higher Education Institute to discuss the student's progression.

DATE	
	STRENGTHS:
	AREAS FOR ONGOING MONITORING AND DEVELOPMENT:
	SUMMARY OF DISCUSSION:
	ACTIONS TO BE UNDERTAKEN:
	STUDENT RESPONSE:
	DATE OF NEXT MEETING:



<b>PRESENT DURING REVIEW</b>		
	<i><b>PRINT NAME</b></i>	<i><b>SIGNATURE</b></i>
<b>TRUST REPRESENTATIVE:</b>		
<b>FACULTY REPRESENTATIVE:</b>		
<b>STUDENT:</b>		
<b>OBSERVER (IF PRESENT):</b>		

### Tripartite Review Record: Year 2 Meeting 4

The Tripartite review is a meeting with the student, employer and representative from the Higher Education Institute to discuss the student's progression.

DATE	
	STRENGTHS:
	AREAS FOR ONGOING MONITORING AND DEVELOPMENT:
	SUMMARY OF DISCUSSION:
	ACTIONS TO BE UNDERTAKEN:
	STUDENT RESPONSE:
	DATE OF NEXT MEETING:

<b>PRESENT DURING REVIEW</b>		
	<i>PRINT NAME</i>	<i>SIGNATURE</i>
<b>TRUST REPRESENTATIVE:</b>		
<b>FACULTY REPRESENTATIVE:</b>		
<b>STUDENT:</b>		
<b>OBSERVER (IF PRESENT):</b>		

## Mandatory and Statutory Training Record

Please record the details for all Mandatory and Statutory training you have completed within your usual place of work. You may be required to show this at the start of your placement to demonstrate that you are up to date. e.g. basic life support (BLS)

DATE	Description of Training	Comments & Signature of Practice Supervisor/ Assessor / Date