

FACULTY OF HEALTH & WELLBEING

PRE-REGISTRATION NURSING PROGRAMMES

DIP HE NURSING/ RN

BSc (HONS) NURSING/ RN

ONGOING ACHIEVEMENT RECORD (OAR)

Name:	
Intake:	
Branch:	
Site:	
Personal Tutor (PT):	
	September 2011 (CB)

If found please return to Pre-Registration Nursing, University of Cumbria.

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Introduction

The Nursing & Midwifery Council (NMC 2006) requires pre registration nursing students to maintain an Ongoing Achievement Record (OAR) of clinical practice assessment. **The OAR must be produced for Mentors on each Placement** to enable assessment and decisions to be made about the student's progress. This OAR should be used alongside the Mentor Practice Assessment Document (MoPAD). This contains the NMC Standards of Proficiency and Essential Skills Clusters which inform the assessment of practice.

For each placement *this record* consists of:

- a) Qualificatory Practice Unit Record QPU (summary of achievement of Outcomes or Proficiencies in practice)
- b) End of Placement Summary
- c) Final Interview Record

For the final placement of the programme:

A final Sign Off sheet for eligibility to enter the professional register

The OAR should be made available to the named Mentors at the beginning of <u>all</u> new experiences to enable discussion on strengths and areas for improvement.

After <u>each</u> placement (on a designated date) a photocopy of the relevant Qualificatory Practice Record, Final Interview Record and End of Placement Summary <u>MUST</u> be handed in to the Year Co-ordinator, with originals staying in your OAR.

After <u>each</u> placement your sickness/ absence record (from the MoPAD) must be given to the Year Co-ordinator on a designated date

In CFP (year 1) - You <u>must</u> attend a <u>compulsory meeting</u> with your Personal Tutor (PT) after every placement in CFP to discuss your academic progress, clinical practice development. The Year Co-ordinator will formulate any action plans needed in relation to clinical practice.

In Branch (years 2 & 3) - You <u>must</u> attend a <u>compulsory meeting</u> with your Personal Tutor (PT) every 6 months (sooner if you fail a practice placement) to discuss your academic progress and clinical practice development. The Year Co-ordinator will formulate any action plans needed in relation to clinical practice.

Failure to attend these meetings will result in a progress review meeting and/or adjudication (disciplinary) meeting.

Mentors on Final Summative CFP Placement (NMC 2008)

The mentor for end of Common Foundation Programme summative assessment (Placement 3/3a) <u>must</u> be on the same part of the Register as the student and be a qualified mentor.

Sign-Off Mentors on Final Summative Branch Placement (NMC 2006)

The mentor for the final end of Branch (Course) summative assessment (preparation for registration) must be:

- 1. on the same part of the Register as the student
- 2. annotated as a Sign-Off Mentor on their employer's and University Registers of Mentors

STUDENT PLACEMENT EXPERIENCES

Placement Number	Mentor(s) Name Please Print	Mentor(s) Signature	Type of Placement/ Speciality	Start Date	Finish Date
Placement 1					
Placement 2					
Placement 3/3a					
Placement 3b If applicable					
Placement 4					
Placement 5					
Placement 6					
Placement 7					
Placement 8					
Placement 9					
Placement 10					

QUALIFICATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 1 A photocopy of this form must be submitted with the OAR after this placement

Student Name: Cohort: Dip HE / BSc (delete as appropriate) Level of Achievement Required: **Formative** Summative (please tick) Beginner Advanced Novice Competent Beginner Full Name & Site of Placement: Placement Start Date: Placement End Date: Name of Mentor (please print): Date: and/or (delete as appropriate) Associate Mentor (please print): Date: NB: End of course needs to be a recognised Sign Off Mentor Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.) Sign: Achieved Sign: Not Achieved Have **ALL** practice outcomes/proficiencies been achieved? If Not Achieved - Please list the numbers of the outcomes/proficiencies below: Link Tutor Notified of Non-Achievement: Yes Nο Date link tutor notified: Total Sickness/Absence (state whether days or hours). Details in MoPAD please. NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form Signature of Student: Date: For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN) Action Plan Required: Developmental Failed Assessment of Practice (please tick) (Formative) Plan (Summative) Please indicate circulation of action plans below (copy of this sheet to the student & file) PEF (Name Please) Programme Leader Link Tutor Name: Student Student File Signature of PT/Link Tutor/: Date: Branch Co-ordinator

Name: Site:	
Cohort:	
A photocopy of this form must be submitted with the OAR after this	s nlacement
Mentor's comments related to the Domain of Professional and	
	u Ellicai
Practice:	
Mentor's comments related to the Domain of Care Delivery:	
Mentor's comments related to the Domain of Care Manageme	ent:
Mentor's comments related to the Domain of Personal and Pr	rofessional
	016331011a1
Development:	

END OF PLACEMENT SUMMARY - PLACEMENT 1

Student:_____ Site:_____ Cohort:____ A photocopy of this form must be submitted with the OAR after this placement Mentor's Comments (to include strengths & key areas for development on next placement) Mentor's Name......PRINT Date:.....PRINT Mentor's Signature..... Section 2: Student's comments Student's Name.....PRINT Date:.....PRINT Student's Signature..... Section 3: Comments e.g. MDT, Patient/ Client, etc Section 4: PT/ Link Tutor Comments (if required) Tutor's Name.....PRINT Date:..... Tutor's Signature.....

QUALIFICATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 2

A photocop	y of	this form must b	e subm	itted wit	h the OAR	after this	placement
Student N	ame	:	Col	hort:			Dip HE / BSc (delete as appropriate)
Level of Achievement Required: (please tick)		·	Formati	ve	s	ummative	
					•	•	•
Novice		Beginner		Advanced Beginner		C	Competent
Full Name	& S	ite of Placemen	t:				
Placemen	t Sta	rt Date:			Placeme	nt End Da	ite:
Name of Mentor (please print): and/ or (delete as appropriate) Associate Mentor (please print): NB: End of course needs to be a recognised Sign Off Mentor							
Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.)			he student's				
		•	•	Sign:	Achieved	S	ign: Not Achieved
Have ALL practice outcomes/proficiencies been achieved?							
If Not Achieved - Please list the numbers of the outcomes/proficiencies below:							
Link Tutor Notified of Non-Achievement: Yes No Date link tutor notified:					No		
Total Sickness/Absence (state whether days or hours). Details in MoPAD please.							

NB: Night Duty/	24 hour	care to	be	documented	and	signed	on	the	night	duty
ecord form										
Signature of Stu	dent:					Date	:			

For University/ O	ffice Use only	(YEAR/ BRANCH CO-ORDINATOR TO COMPLETE		
Action Plan Required: (please tick)	Developmental (Formative)	Failed Assessment of Practice Plan (Summative)		
Please indicate circ (copy of this sheet to		plans below	,	
PT	Programme Leader	e PEF (Name Please)		
Link Tutor Name:	Student	Student File		
Signature of PT/Link Tutor/: Date:				

Name:	_ Site:
Cohort:	
Conort	
A photocopy of this form must be submitted with the C	DAR after this placement
Mentor's comments related to the Domain of Prof	essional and Ethical
Practice:	
Mentor's comments related to the Domain of Care	e Delivery:
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Mentor's comments related to the Domain of Care	Management:
Mentor's comments related to the bolliam of bare	wanagement.
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Mantaria commonte related to the Domain of Pare	and Drofossianal
Mentor's comments related to the Domain of Pers	ional and Professional
Development:	

END OF PLACEMENT SUMMARY – PLACEMENT 2

Student: Site:
Cohort:

A photocopy of this form must be submitted with the OAR after this placement
Section 1: Mentor's Comments (to include strengths & key areas for
development on next placement)
actorophicitics make placement,
Mentor's NamePRINT Date:
Mentor's Signature
mentor's Signature
Section 2: Student's comments
Section 2. Student's comments
Student's NamePRINT Date:
Student's Signature
Section 3: Comments e.g. MDT, Patient/ Client, etc
Section 4: PT/ Link Tutor Comments (if required)
Tutor's NamePRINT Date:
Tatal Citation and Market Control of the Control of
Tutor's Signature

QUALIFICATORY PRACTICE UNIT (QPU) RECORD -PLACEMENT 3/3a

(A photocopy of this form must be submitted with the OAR after this placement) Student Name: Cohort: Dip HE / BSc (delete as appropriate) Level of Achievement Summative Required: **Formative** (please tick) Novice Beginner Advanced Competent Beginner Full Name & Site of Placement: Placement Start Date: Placement End Date: Name of Mentor (please print): Date: and/or (delete as appropriate) Associate Mentor (please print): Date: NB: End of course needs to be a recognised Sign Off Mentor Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.) Sign: Achieved Sign: Not Achieved Have **ALL** practice outcomes/proficiencies been achieved? If *Not Achieved* - Please list the numbers of the outcomes/proficiencies below: Link Tutor Notified of Non-Achievement: Yes Nο Date link tutor notified: Total Sickness/Absence (state whether days or hours). Details in MoPAD please. NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form Signature of Student: Date: For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN) Action Plan Required: Developmental Failed Assessment of Practice (please tick) (Formative) Plan (Summative) Please indicate circulation of action plans below (copy of this sheet to the student & file) PΤ Programme PEF (Name Please) Leader Link Tutor Name: Student File Student Signature of PT/Link Tutor/: Date:

Branch Co-ordinator

Name: Site:	
Cohort:	
A photocopy of this form must be submitted with the CAR ofter this placemen	· <i>t</i>
A photocopy of this form must be submitted with the OAR after this placement	II.
Mentor's comments related to the Domain of Professional and Ethical Practice:	
Mentor's comments related to the Domain of Care Delivery:	
Mentor's comments related to the Domain of Care Management:	
Mentor's comments related to the Domain of Personal and Professional	1
Development:	

END OF PLACEMENT SUMMARY - PLACEMENT 3/3a

Student: Site:
Cohort:
A photocopy of this form must be submitted with the OAR after this placement
Section 1: Mentor's Comments (to include strengths & key areas for
development on next placement)
Mentor's NamePRINT Date:
Mandania Olimatura
Mentor's Signature
Section 2: Student's comments
dection 2. Student's comments
Chudantia Nama
Student's NamePRINT Date:
Student's Signature
Section 3: Comments e.g. MDT, Patient/ Client, etc
obstron of comments of and the chart, of the
Section 4: PT/ Link Tutor Comments (if required)
Tutor's NamePRINT Date:
TULOI S NamePRINT Date:
Tutor's Signature

FINAL INTERVIEW RECORD - PLACEMENT 3b (if applicable)

Name:	Site:
Cohort:	
A photocopy of this form must be submitted with the	
Mentor's comments related to the Domain of F Practice:	Toressional and Ethical
rractice.	
	_
Mentor's comments related to the Domain of C	Care Delivery:
Mentor's comments related to the Domain of C	Care Management:
Mentor's comments related to the Domain of F	Personal and Professional
Development:	

Mentor's Signature......Date......Date....

END OF PLACEMENT SUMMARY - PLACEMENT 3b (if applicable)

Student: Site:
Cohort:
A photocopy of this form must be submitted with the OAR after this placement
Section 1: Mentor's Comments (to include strengths & key areas for development on next placement)
Mentor's NamePRINT Date:
Mentor's Signature
Section 2: Student's comments
Student's NamePRINT Date:
Student's Signature
Section 3: Comments e.g. MDT, Patient/ Client, etc
Section 4: PT/ Link Tutor Comments (if required)
Tutor's NamePRINT Date:
Tutor's Signature

FINAL INTERVIEW RECORD - PLACEMENT 3b (if applicable)

Name:	Site:
Cohort:	
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A photocopy of this form must be submitted with the	
Mentor's comments related to the Domain of Properties	oressional and Ethical
Practice:	
Mentor's comments related to the Domain of Ca	re Delivery:
Mentor's comments related to the Domain of Ca	re Management:
menter e commente relateu te tire bomain er ca	, o managom om:
Mentor's comments related to the Domain of Pe	rsonal and Professional
Development:	isonal and Professional
Development.	

END OF PLACEMENT SUMMARY - PLACEMENT 3b (if applicable)

Student:	Si	te:
Cohort:		
A photocopy of this form mus		
Section 1: Mentor's development on next placeme		strengths & key areas for
Mentor's Name	PRI NT	Date:
Mentor's Signature		
Section 2: Student's cor		
Student's Name	PRI N1	Г Date:
Student's Signature		
Section 3: Comments e	g MDT Patient/Client	etc
Section 4: PT/ Link Tute	or Comments (if require	d)
occion 4. 7 17 Ellik Tuk		- ,
Tutor's Name	PRI NT	Date:
Tutor's Signature		

QUALIFICATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 4 A photocopy of this form must be submitted with the OAR after this placement

Student Name	:	Cohort:			Dip HE / BSc (delete as appropriate)
Level of Achie Required: (please tick)	vement	Formati	ve	Su	mmative
Novice	Beginner		anced inner	Co	mpetent
Full Name & S	ite of Placement	:	·		
Placement Sta	rt Date:		Placement	End Dat	e:

Name of Mentor (please print):			Date:
and/or (delete as appropriate)			
Associate Mentor (please print):			Date:
NB: End of course needs to be a recogn	nised Sig	in Off Mentor	
Mentor to complete and sign the fo	llowing	on completion	n of the student's
placement.			
(Full signature required please.)			
	Sign:	Achieved	Sign: Not Achieved
Have ALL practice			
outcomes/proficiencies been			
achieved?			
If Not Achieved - Please list the number	ers of the	e outcomes/pro	ficiencies below:
Link Tutor Notified of Non-Achievement	· Y	es	No
Date link tutor notified:			
Total Sickness/Absence (state whether	days or	hours) Details	in MoPAD please
Total Glokiloss, Assertes (State Wiletie)	aayo o	moure). Betane	m Mor AB prodoc.
NB: Night Duty/ 24 hour care to be	docum	ented and sig	ned on the night duty
record form	aoouiii	circu ana sig	nea on the might auty
Signature of Student:		Г	Date:
		•	

For University/ O	ffice Us	se only	YEAR	BRAN	CH CO-ORDINATOR TO COMP	LETE
Action Plan Required: (please tick)		opmental mative)		Fa	ailed Assessment of Practi Plan (Summative)	ce
Please indicate cire (copy of this sheet to			olans	belov	W	
PT		Programme Leader	9		PEF (Name Please)	
Link Tutor Name:		Student			Student File	
Signature of PT/Link Branch Co-ordinator	Tutor/:				Date:	·

Name:	Site:
Cohort:	
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A photocopy of this form must be	submitted with the OAR after this placement
Mentor's comments related to t	the Domain of Professional and Ethical
Practice:	
Mentor's comments related to t	the Domain of Care Delivery:
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Mentor's comments related to t	the Domain of Care Management:
Mentor's comments related to	the Domain of Personal and Professional
	the Domain of Fersonal and Froressional
Development:	

END OF PLACEMENT SUMMARY – PLACEMENT 4

Student:
Cohort:
A photocopy of this form must be submitted with the OAR after this placement
Section 1: Mentor's Comments (to include strengths & key areas for
development on next placement)
development on next placement,
Mentor's NamePRINT Date:
Mentor's Signature
mentor's dignature
Section 2: Student's comments
Otto don the Name
Student's NamePRINT Date:
Student's Signature
Section 3: Comments e.g. MDT, Patient/ Client, etc
oction of Comments organist, Fationity Chorn, oto
Section 4: PT/ Link Tutor Comments (if required)
Tutor's NamePRINT Date:
Tutor's Signature

QUALIFICATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 5 A photocopy of this form must be submitted with the OAR after this placement

riphotocopy of		Jakinittoa III.	tire ermi art	or time p	14001110111
Student Nam	e:	Cohort:			Dip HE / BSc (delete as appropriate)
Level of Achie	evement				
Required:		Formati	ve	Su	ımmative
(please tick)					
Novice	Beginner		anced inner	Co	ompetent
Full Name & S	Site of Placement:	· ·	·		·
Placement St	art Date:		Placement	End Dat	e:
Name of Men	tor (please print)			Da	te.

Name of Mentor (please print):			Date:
and/or (delete as appropriate)			
Associate Mentor (please print):			Date:
NB: End of course needs to be a recogn	nised Sig	n Off Mentor	
Mentor to complete and sign the fo	llowing	on completio	n of the student's
placement.			
(Full signature required please.)			
	Sign:	Achieved	Sign: Not Achieved
Have ALL practice			
outcomes/proficiencies been			
achieved?			
If Not Achieved - Please list the number	ers of the	e outcomes/pro	ficiencies below:
Link Tutor Notified of Non-Achievement	: Y	es	No
Date link tutor notified:			
Total Sickness/Absence (state whether	days or	hours). Details	in MoPAD please.
	-		-
NB: Night Duty/ 24 hour care to be	docum	ented and sig	ned on the night duty
record form			
Signature of Student:			Date:

For University/ Of ACTION PLAN)	fice Use only	(YEAR/ BRANCH CO-ORDINATOR TO COMPLETE			
Action Plan Required: (please tick)	Developmental (Formative)	Failed Assessment of Practice Plan (Summative)			
Please indicate circulation of action plans below (copy of this sheet to the student & file)					
PT	Programme Leader	e PEF (Name Please)			
Link Tutor Name: Student Student File					
Signature of PT/Link Branch Co-ordinator	Tutor/:	Date:			

Name: Site:	
Cohort:	
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A whatevery of this form must be submitted with the OAD often this placem	
A photocopy of this form must be submitted with the OAR after this placem	
Mentor's comments related to the Domain of Professional and Ethica	1
Practice:	
Montaria commente related to the Domain of Care Delivery	
Mentor's comments related to the Domain of Care Delivery:	
Mentor's comments related to the Domain of Care Management:	
Mentor's comments related to the Domain of Personal and Profession	nal
Development:	
bevelopment.	

END OF PLACEMENT SUMMARY – PLACEMENT 5

Student:
Cohort:
A photocopy of this form must be submitted with the OAR after this placement
Section 1: Mentor's Comments (to include strengths & key areas for
development on next placement)
development on next placement,
Mentor's NamePRINT Date:
Mentor's Signature
mentor's dignature
Section 2: Student's comments
Otto don the Name
Student's NamePRINT Date:
Student's Signature
Section 3: Comments e.g. MDT, Patient/ Client, etc
oction of Comments organist, Fationity Chorn, oto
Section 4: PT/ Link Tutor Comments (if required)
Tutor's NamePRINT Date:
Tutor's Signature

QUALIFICATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 6 A photocopy of this form must be submitted with the OAR after this placement

pc.000py 0	T time form made be t	202	to or mr are	0. tille p			
Student Name: Cohort:			Dip HE / BSc (delete as appropriate)				
Level of Achievement Required: (please tick)		Formative		Su	Summative		
Novice	Beginner	Advanced Beginner		Co	ompetent		
Full Name & Site of Placement:							
Placement Start Date:		Placement End Date:		te:			

Name of Mentor (please print):			Date:		
and/or (delete as appropriate)					
Associate Mentor (please print):			Date:		
NB: End of course needs to be a recogn	nised Sig	n Off Mentor			
Mentor to complete and sign the fol	llowing	on completio	n of the student's		
placement.					
(Full signature required please.)					
	Sign:	Achieved	Sign: Not Achieved		
Have ALL practice					
outcomes/proficiencies been					
achieved?					
If Not Achieved - Please list the number	rs of the	e outcomes/pro	oficiencies below:		
Link Tutor Notified of Non-Achievement	: Y	es	No		
Date link tutor notified:					
Total Sickness/Absence (state whether	days or	hours). Details	in MoPAD please.		
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NB: Night Duty/ 24 hour care to be documented and signed on the night duty					
record form			,		
Signature of Student:			Date:		
J. T.					

For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN)							
Action Plan							
Required:	Deve	lopmental		F	ailed Assessment of Practic	e	
(please tick)	(Formative)			Plan (Summative)			
, ,	`	,			,		
Please indicate circ	ulation	of action	plans	belo	w	'	
(copy of this sheet to	the stu	dent & file)					
PT		Programm	е		PEF (Name Please)		
		Leader					
Link Tutor Name:		Student			Student File		
Signature of PT/Link Tutor/: Date:						•	
Branch Co-ordinator							

Name: Site:	
Cohort:	
A photocopy of this form must be submitted with the CAR after	r this placement
A photocopy of this form must be submitted with the OAR afte	
Mentor's comments related to the Domain of Professiona	l and Ethical
Practice:	
Mantar's sammants related to the Domain of Care Delive	F111
Mentor's comments related to the Domain of Care Delive	ry:
Mentor's comments related to the Domain of Care Manag	rement:
Mantaria comments related to the Damain of Davonal on	d Drofossianal
Mentor's comments related to the Domain of Personal an	a Professional
Development:	

END OF PLACEMENT SUMMARY - PLACEMENT 6

Student: Site:
Cohort:

A photocopy of this form must be submitted with the OAR after this placement
Section 1: Mentor's Comments (to include strengths & key areas for
development on next placement)
actorophicitics make placement,
Mentor's NamePRINT Date:
Mentor's Signature
mentor's Signature
Section 2: Student's comments
Section 2. Student's comments
Student's NamePRINT Date:
Student's Signature
Section 3: Comments e.g. MDT, Patient/ Client, etc
Section 4: PT/ Link Tutor Comments (if required)
Tutor's NamePRINT Date:
Tatal Citation and Market Control of the Control of
Tutor's Signature

QUALIFICATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 7 A photocopy of this form must be submitted with the OAR after this placement

Level of Achievement Required: (please tick)		Cohort:			Dip HE / BSc (delete as appropriate)	
		Formative		Summative		
Novice	Beginner		Advanced Beginner		Competent	
	e of Placement:					
Placement Star	t Date:		Placement	End Dat	ie:	

Name of Mentor (please print):			Date:		
and/or (delete as appropriate)					
Associate Mentor (please print):			Date:		
NB: End of course needs to be a recogn	nised Sig	gn Off Mentor			
Mentor to complete and sign the fo placement.	llowing	on completi	on of the student's		
(Full signature required please.)	Sign:	Achieved	Sign: Not Achieved		
Have ALL practice	2.9		J.g		
outcomes/proficiencies been					
achieved?					
If Not Achieved - Please list the number	ers of th	e outcomes/pr	oficiencies below:		
Link Tutor Notified of Non-Achievement	:: Y	es	No		
Date link tutor notified:					
Total Sickness/Absence (state whether days or hours). Details in MoPAD please.					
NB: Night Duty/ 24 hour care to be record form	docum	ented and si	gned on the night duty		
Signature of Student:			Date:		

For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN)							
Action Plan							
Required:	Developmental			Failed Assessment of Practice			
(please tick)		(Formative) Plan (Summative)					
, ,	,	,			,		
Please indicate circ	ulation	of action	plans	s belo	w	•	
(copy of this sheet to							
PT		Programme	е		PEF (Name Please)		
		Leader			,		
Link Tutor Name: Student Student File							
Signature of PT/Link Tutor/: Date:							
Branch Co-ordinator							

Name: Site:	
Cohort:	
A what a constant is form mount to as here'll and with the OAR of the H	
A photocopy of this form must be submitted with the OAR after the	
Mentor's comments related to the Domain of Professional a	nd Ethical
Practice:	
Tradition.	
Mentor's comments related to the Domain of Care Delivery:	
Mentor's comments related to the Domain of Care Manager	nent:
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Mentor's comments related to the Domain of Personal and	Professional
	Toressional
Development:	

END OF PLACEMENT SUMMARY – PLACEMENT 7

Student:
Cohort:

A photocopy of this form must be submitted with the OAR after this placement
Section 1: Mentor's Comments (to include strengths & key areas for
development on next placement)
actorophicit en noxt placement,
Mentor's NamePRINT Date:
Mentor's Signature
wentor's Signature
Section 2: Student's comments
Student's NamePRINT Date:
Student's Cianature
Student's Signature
Costian 2. Commonto o v MDT Dationt/Oliont ata
Section 3: Comments e.g. MDT, Patient/ Client, etc
Section 4: PT/ Link Tutor Comments (if required)
control of the contro
Tutor's NamePRINT Date:
utor 5 NamePrint Date:
Futor's Signature

QUALIFICATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 8 A photocopy of this form must be submitted with the QAB after this placement

A photocopy of this form must be submitted with the OAH after this placement							
Student Nam	e:	Cohort:			Dip HE / BSc (delete as appropriate)		
Level of Achievement Required: (please tick)		Formative		Su	Summative		
Novice	Beginner	Advanced Beginner		Co	ompetent		
Full Name & Site of Placement:							
Placement Start Date:		Placement End Date:			e:		
Name of Man	tou (mlagas muimt).						

Name of Mentor (please print):			Date:
and/or (delete as appropriate)			
Associate Mentor (please print):			Date:
NB: End of course needs to be a recog	nised Si	gn Off Mentor	
Mentor to complete and sign the fo	llowing	on completio	n of the student's
placement.			
(Full signature required please.)			
	Sign:	Achieved	Sign: Not Achieved
Have ALL practice			
outcomes/proficiencies been			
achieved?			
If Not Achieved - Please list the numb	ers of th	e outcomes/pro	ficiencies below:
Link Tutor Notified of Non-Achievemen	t: Y	⁄es	No
Date link tutor notified:			
Total Sickness/Absence (state whether	days or	hours). Details	in MoPAD please.
NB: Night Duty/ 24 hour care to be record form	docum	ented and sig	ned on the night duty
Signature of Student:		1	Date:

For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN)							
Action Plan Required: Developmental (please tick) Developmental (Formative) Failed Assessment of Practice Plan (Summative)							
Please indicate circulation of action plans below (copy of this sheet to the student & file)							
PT Programme PEF (Name Please) Leader							
Link Tutor Name: Student Student File							
Signature of PT/Link Branch Co-ordinator	Tutor/:		Date:				

Name:	Site:
Cohort:	
· · · · · · · · · · · · · · · · · · ·	
A - b - t - c - c - c - t - t - c - c - c - t - c - c	045 - (1 11
A photocopy of this form must be submitted with the	
Mentor's comments related to the Domain of Pro	fessional and Ethical
Practice:	
Tradition.	
Mentor's comments related to the Domain of Car	e Delivery:
menter o commente related to the bolliam of oar	o Dontory.
Mentor's comments related to the Domain of Car	e Management:
morror o commonto rotatoa to tiro Domain or car	o managomont.
Mentor's comments related to the Domain of Per	sonal and Professional
	sonar and rroressionar
Development:	

END OF PLACEMENT SUMMARY - PLACEMENT 8

Student:
Cohort:

A photocopy of this form must be submitted with the OAR after this placement
Section 1: Mentor's Comments (to include strengths & key areas for
development on next placement)
dereseption on next placement,
Mentor's NamePRINT Date:
Mentor's Signature
mentor's Signature
Section 2: Student's comments
Section 2. Student 5 comments
Student's NamePRINT Date:
Student's Signature
Section 3: Comments e.g. MDT, Patient/ Client, etc
Section 4: PT/ Link Tutor Comments (if required)
Tutor's NamePRINT Date:
Tutor's Signature

QUALIFICATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 9 A photocopy of this form must be submitted with the OAR after this placement

A pnotocopy	y ot t	nis form must be s	<u>mauu</u>	ittea wit	n the OAR a	<u>atter this p</u>	<i>lacement</i>	
Student Name:			(delete			Dip HE / BS (delete as appropriate)	Sc	
Level of Ac Required: (please tic		ement		Formati	ve	Su	mmative	
Novice		Beginner		Advanced Co Beginner		mpetent		
Full Name	& Si	te of Placement:						
Placement	Star	t Date:			Placemen	t End Dat	e:	
		r (please print):				Da	te:	

Name of Mentor (please print):			Date:
and/or (delete as appropriate)			Date:
Associate Mentor (please print):	siand Ci	an Off Mantar	Date:
NB: End of course needs to be a recogn			
Mentor to complete and sign the fo	llowing	on completion	n of the student's
placement.			
(Full signature required please.)			
	Sign:	Achieved	Sign: Not Achieved
Have ALL practice			
outcomes/proficiencies been			
achieved?			
If Not Achieved - Please list the number	ers of th	e outcomes/pro	ficiencies below:
The first from the state of the frame of		o datoom oo, p. o	
Link Tutor Notified of Non-Achievement	. \	'es	No
Date link tutor notified:	'	63	140
T dit T i i i i i i i i i i i i i i i i i i	alaina au	harra Dataila	in MaDAD places
Total Sickness/Absence (state whether	days or	nours). Details	in MoPAD please.
NB: Night Duty/ 24 hour care to be	docum	ented and sig	ned on the night duty
record form			
Signature of Student:			Date:

For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN)							
Action Plan Required: (please tick)	Developmental (Formative)	F	ailed Assessment of Practice Plan (Summative)				
	Please indicate circulation of action plans below (copy of this sheet to the student & file)						
PT	Programme Leader	е	PEF (Name Please)				
Link Tutor Name:	Student		Student File				
Signature of PT/Link Tranch Co-ordinator	Tutor/:		Date:				

Name: S	ite:
Cohort:	
A - - - - - - - - - -	
A photocopy of this form must be submitted with the OAR	
Mentor's comments related to the Domain of Profess	ional and Ethical
Practice:	
Tradition.	
Mentor's comments related to the Domain of Care De	elivery:
	*
Mentor's comments related to the Domain of Care Ma	anagement:
Mentor's comments related to the Domain of Persona	al and Professional
	ar arra r rorosororrar
Development:	

END OF PLACEMENT SUMMARY – PLACEMENT 9

Student:
Cohort:

A photocopy of this form must be submitted with the OAR after this placement
Section 1: Mentor's Comments (to include strengths & key areas for
development on next placement)
dereseption on next placement,
Mentor's NamePRINT Date:
Mentor's Signature
mentor's Signature
Section 2: Student's comments
Section 2. Student 5 comments
Student's NamePRINT Date:
Student's Signature
Section 3: Comments e.g. MDT, Patient/ Client, etc
Section 4: PT/ Link Tutor Comments (if required)
Tutor's NamePRINT Date:
Tutor's Signature

QUALIFICATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 10 A photocopy of this form must be submitted with the OAB after this placement

A photocop	y or tills fortil litust be	Submitted wit	III lile OAN alle	i tilis p	lacement	
Student Name: Cohort:			Dip HE / BSc (delete as appropriate)			
Level of Ac Required: (please tic	chievement k)	Formati	ve	Su	ımmative	
Novice	Beginner		anced ginner	Co	ompetent	
	& Site of Placement:	;	Blacement E	nd Dat		
Piacement	Start Date:		Placement E	na Dat	ie:	_

Name of Mentor (please print):			Date:
and/ or (delete as appropriate)			
Associate Mentor (please print):			Date:
NB: End of course needs to be a reco	anised Si	an Off Mentor	
Mentor to complete and sign the	•		n of the student's
placement.		, on completio	ii or the stadent s
(Full signature required please.)			
(Tull Signature required please.)	Sign:	Achieved	Sign: Not Achieved
	Sigii.	Acilieveu	Sign. Not Achieved
Have ALL practice			
outcomes/proficiencies been			
achieved?			
If Not Achieved - Please list the num	bers of th	e outcomes/pro	oficiencies below:
Link Tutor Notified of Non-Achieveme	nt:	/es	No
	iii.	165	NO
Date link tutor notified:			
Total Sickness/Absence (state whether	er days or	hours). Details	in MoPAD please.
NB: Night Duty/ 24 hour care to b	e docum	ented and sig	ned on the night duty
record form			
Signature of Student:		I	Date:

For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN)							
Action Plan Required: (please tick)		lopmental rmative)		F	ailed Assessment of Practi Plan (Summative)	ce	
Please indicate circulation of action plans below (copy of this sheet to the student & file)							
PT		Programme Leader	Э		PEF (Name Please)		
Link Tutor Name:		Student			Student File		
Signature of PT/Link Tutor/: Date:							

name:	Site:
Cohort:	
A photocopy of this form must be submitted with the OA	R after this placement
Mentor's comments related to the Domain of Profes	
	ssionar and Elinear
Practice:	
	D !!
Mentor's comments related to the Domain of Care I	Delivery:
Mantagle comments related to the Dance's of Ocua	14
Mentor's comments related to the Domain of Care I	Management:
Mentor's comments related to the Domain of Person	nal and Professional
	nai anu Professionai
Development:	

END OF PLACEMENT SUMMARY – PLACEMENT 10

Student:	Site:
Cohort:	
A photocopy of this form must be submitted with a	the OAR after this placement
	include strengths & key areas for
Mentor's Name	
Mentor's Signature	
Section 2: Student's comments	
Student's Name	PRINT Date:
Student's Signature	
Section 3: Comments e.g. MDT, Patient/	Client, etc
Section 4: PT/ Link Tutor Comments (if	required)
Tutor's Name	.PRINT Date:
Tutor's Signature	

RECORD OF COMPULSORY UPDATES Each year a photocopy of this form MUST be given to your PT on completion for placing in your record

NAME: SITE: SITE:

Update via Blackboard/ Practical	Year 1	Year 2	Year 3
COSHH	Date:	Date:	Date:
	Student:	Student:	Student:
Food Hygiene	Date:	Date:	Date:
	Student:	Student:	Student:
Infection Control	Date:	Date:	Date:
	Student::	Student:	Student:
Update via Compulsory Practical	Year 1	Year 2	Year 3
First Aid	Date:	Date:	Date:
	Student:	Student:	Student:
	Verifier:	Verifier:	Verifier:
Basic Life Support	Date:	Date:	Date:
	Student:	Student:	Student:
	Verifier:	Verifier:	Verifier:
Personal Safety	Date:	Date:	Date:
	Student:	Student:	Student:
	Verifier:	Verifier:	Verifier:
Moving & Handling	Date:	Date:	Date:
	Student:	Student:	Student:
	Verifier:	Verifier:	Verifier:
Fire Lecture: Blackboard or Practical	Date:	Date:	Date:
	Student:	Student:	Student:
	Verifier:	Verifier:	Verifier:
ESC 25 (ii) Safely performs basic wound care using clean and aseptic techniques through simulation in University	Date: Student: Verifier:		
ESC 42 (ii) Through simulation demonstrates knowledge and application of the principles required for safe and effective supply and administration via a patient group direction including an understanding of role and accountability			Date: Student: Verifier:
ESC 42 (iii) Through simulation demonstrates how to supply and administer via a patient group direction			Date: Student:

Verifier:

24 HOUR CARE/ NIGHT DUTY EXPERIENCE

As part of your Course you are required to experience care throughout the whole 24-hour period. It is therefore mandatory that you have some experience of night duty during your three year Course. Sometimes night shifts will be difficult to do for either personal reasons or the nature of the Branch/Placement. If so, you will need to discuss this with your PT and you will need to document evidence of 24-hour care (dates/times). For night duty – you should do no more than 30 nights (maximum).

Ideally you should organise to follow your Mentor on to night duty. If this is not possible then discuss this with your Mentor, Nurse in charge and Link Tutor if appropriate, and make sure there is a Level 1 Registered Nurse on night duty who can act as your Mentor.

On some placements, e.g. Community, or where Enrolled Nurses are in charge, night duty is not appropriate. So think ahead and plan this experience carefully.

Please complete the summary of hours form on the following page and ensure your Mentor signs and verifies these.

NIGHT DUTY RECORD

Name:	 Branch:	
Cohort:		

Venue	Date	Number of	Signature of Student	Signature of Mentor
		Hours Worked	Student	Mentor
)		
			l .	

At the end of the last summative placement in branch a copy of this form MUST be handed in to your site admin office.



Sign Off Mentor Statement of Proficiency at the Point of Registration

Student Full Name:

University ID Number:

The original, signed copy of this form must be submitted with the OAR after this placement

Cohort:	Branch:	
Sign Off Mentor Full Name:		
PIN (Optional):		
Sign Off Mentor Place of Work:		
Sign Off Mentor Telephone Contact No:		
Sign Off Mentor: Please sign and of SECTION 1	date either section 1 or section 2 be	low
PASS Confirmation Statement:		
I have reviewed the student's Ongoing Action the evidence I have seen and review		
(i	insert student name in BLOCK CAPITALS)	
has met all the NMC Standards of Proficier	ncy and Essential Skills Clusters in	
Practice for completion of the pre-registra	ition nursing programme, and has	
demonstrated safe and effective practice s	sufficient to recommend eligibility for	
entry to the professional register		
Signature of Sign Off Mentor:	Date:	
SECTION 2		
FAIL Confirmation Statement: At this	s time I cannot sign off this student as	
eligible for entry to the professional regist	er for the reason(s) detailed below:	
Signature of		
Sign Off Mentor:	Date:	
Continuation shoot avarlant to be used	d if required	

Continuation sheet overleaf to be used if required

Continuation Sheet for Sign Off Mentor The original signed copy of this form must be submitted with the OAR after this placement

placement Use this area to make any additional comments, if you do not use it please strike through. Signature of Sign Off Mentor: Date: