

**FACULTY OF HEALTH & WELL BEING  
PRE-REGISTRATION NURSING PROGRAMMES**

**DIP HE NURSING/ RN  
BSc (HONS) NURSING/ RN**

**ONGOING ACHIEVEMENT RECORD  
(O A R)**

**Name :** \_\_\_\_\_

**Intake :** \_\_\_\_\_

**Branch:** \_\_\_\_\_

**Site :** \_\_\_\_\_

**PAT :** \_\_\_\_\_

SEPTEMBER 2010  
LM

If found please return to Student Information Point 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 that informs 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 all new experiences to enable discussion on strengths and areas for improvement.

**After each placement a photocopy of the relevant Qualificatory Practice Record, Final Interview Record and End of Placement Summary MUST be handed in to your Site Student Information Point (SIP) with originals staying in your OAR.**

In a designated session, after each placement your sickness/absence record (from the MoPAD) must be given to the class tutor.

**In CFP (year 1)** - You must attend a compulsory meeting with your Personal Tutor (PAT) after every placement in CFP to discuss your academic progress, clinical practice development and formulate any action plans needed in relation to clinical practice.

**In Branch (years 2 & 3)** - You must attend a compulsory meeting with your Personal Tutor (PAT) every 6 months (sooner if you fail a practice placement) to discuss your academic progress, clinical practice development and 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) must 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					
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: (please tick)		Formative		Summative	
Novice	Beginner	Advanced Beginner	Competent		
Full Name & Site of Placement:					
Placement Start Date:			Placement End Date:		

Name of Mentor (please print): <i>and/or</i> (delete as appropriate)		Date:
Associate Mentor (please print): <i>NB: End of course needs to be a recognised Sign Off Mentor</i>		Date:
<b>Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.)</b>		
	Sign: Achieved	Sign: Not Achieved
Have ALL practice outcomes/proficiencies been achieved?		
If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below:		
Link Tutor Notified of Non-Achievement:      Yes                      No		
Date link tutor notified:		
Total Sickness/Absence (state whether days or hours). Details in MoPAD please.		
<b>NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form</b>		
Signature of Student:		Date:

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

**FINAL INTERVIEW RECORD - PLACEMENT 1**

**Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Cohort:** \_\_\_\_\_

*A photocopy of this form must be submitted with the OAR after this placement*

*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 Development:*

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

## END OF PLACEMENT SUMMARY – PLACEMENT 1

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 Name.....PRINT Date:.....

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: PAT/Link Tutor Comments (if required)**

Tutor's Name.....PRINT Date:.....

Tutor's Signature.....

## QUALIFICATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 2

*A photocopy of this form must be submitted with the OAR after this placement*

<b>Student Name:</b>		<b>Cohort:</b>		<b>Dip HE</b>	<b>BSc</b>
				(delete as appropriate)	
<b>Level of Achievement Required:</b> (please tick)		<b>Formative</b>		<b>Summative</b>	
<b>Novice</b>		<b>Beginner</b>		<b>Advanced Beginner</b>	<b>Competent</b>
<b>Full Name &amp; Site of Placement:</b>					
<b>Placement Start Date:</b>			<b>Placement End Date:</b>		

<b>Name of Mentor (please print):</b> <i>and/or</i> (delete as appropriate)		<b>Date:</b>
<b>Associate Mentor (please print):</b>		<b>Date:</b>
<i>NB: End of course needs to be a recognised Sign Off Mentor</i>		
<b>Mentor to complete and sign the following on completion of the student's placement.</b> <b>(Full signature required please.)</b>		
	<b>Sign: Achieved</b>	<b>Sign: Not Achieved</b>
Have <b>ALL</b> practice outcomes/proficiencies been achieved?		
If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below:		
Link Tutor Notified of Non-Achievement:	Yes	No
Date link tutor notified:		
Total Sickness/Absence (state whether days or hours). Details in MoPAD please.		
<b>NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form</b>		
<b>Signature of Student:</b>		<b>Date:</b>

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



**FINAL INTERVIEW RECORD - PLACEMENT 2**

**Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Cohort:** \_\_\_\_\_

*A photocopy of this form must be submitted with the OAR after this placement*

*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 Development:*

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

## 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)

Mentor's Name.....PRINT Date:.....

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: PAT/Link Tutor Comments (if required)**

Tutor's Name.....PRINT Date:.....

Tutor's Signature.....

### QUALIFICATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 3

*A photocopy of this form must be submitted with the OAR after this placement*

<b>Student Name:</b>		<b>Cohort:</b>		<b>Dip HE</b>	<b>BSc</b>
				(delete as appropriate)	
<b>Level of Achievement Required:</b> (please tick)		<b>Formative</b>		<b>Summative</b>	
<b>Novice</b>		<b>Beginner</b>		<b>Advanced Beginner</b>	<b>Competent</b>
<b>Full Name &amp; Site of Placement:</b>					
<b>Placement Start Date:</b>			<b>Placement End Date:</b>		

<b>Name of Mentor (please print):</b> <i>and/or</i> (delete as appropriate)		<b>Date:</b>
<b>Associate Mentor (please print):</b> <i>NB: End of course needs to be a recognised Sign Off Mentor</i>		<b>Date:</b>
<b>Mentor to complete and sign the following on completion of the student's placement.</b> <b>(Full signature required please.)</b>		
	<b>Sign: Achieved</b>	<b>Sign: Not Achieved</b>
Have <b>ALL</b> practice outcomes/proficiencies been achieved?		
If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below:		
Link Tutor Notified of Non-Achievement:      Yes                      No		
Date link tutor notified:		
Total Sickness/Absence (state whether days or hours). Details in MoPAD please.		
<b>NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form</b>		
<b>Signature of Student:</b>		<b>Date:</b>

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

**FINAL INTERVIEW RECORD - PLACEMENT 3**

**Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Cohort:** \_\_\_\_\_

*A photocopy of this form must be submitted with the OAR after this placement*

*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 Development:*

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

## END OF PLACEMENT SUMMARY – PLACEMENT 3

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 Name.....PRINT Date:.....

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: PAT/Link Tutor Comments (if required)**

Tutor's Name.....PRINT 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*

<b>Student Name:</b>		<b>Cohort:</b>		<b>Dip HE</b>	<b>BSc</b>
				(delete as appropriate)	
<b>Level of Achievement Required:</b> (please tick)		<b>Formative</b>		<b>Summative</b>	
<b>Novice</b>		<b>Beginner</b>		<b>Advanced Beginner</b>	<b>Competent</b>
<b>Full Name &amp; Site of Placement:</b>					
<b>Placement Start Date:</b>			<b>Placement End Date:</b>		

<b>Name of Mentor (please print):</b> <i>and/or</i> (delete as appropriate)		<b>Date:</b>
<b>Associate Mentor (please print):</b>		<b>Date:</b>
<i>NB: End of course needs to be a recognised Sign Off Mentor</i>		
<b>Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.)</b>		
	<b>Sign: Achieved</b>	<b>Sign: Not Achieved</b>
Have <b>ALL</b> practice outcomes/proficiencies been achieved?		
If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below:		
Link Tutor Notified of Non-Achievement:	Yes	No
Date link tutor notified:		
Total Sickness/Absence (state whether days or hours). Details in MoPAD please.		
<b>NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form</b>		
<b>Signature of Student:</b>		<b>Date:</b>

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

**FINAL INTERVIEW RECORD - PLACEMENT 4**

**Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Cohort:** \_\_\_\_\_

*A photocopy of this form must be submitted with the OAR after this placement*

*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 Development:*

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

## END OF PLACEMENT SUMMARY – PLACEMENT 4

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 Name.....PRINT Date:.....

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: PAT/Link Tutor Comments (if required)**

Tutor's Name.....PRINT 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*

<b>Student Name:</b>		<b>Cohort:</b>		<b>Dip HE</b>	<b>BSc</b>
				(delete as appropriate)	
<b>Level of Achievement Required:</b> (please tick)		<b>Formative</b>		<b>Summative</b>	
Novice		Beginner		<b>Advanced Beginner</b>	
<b>Full Name &amp; Site of Placement:</b>					
<b>Placement Start Date:</b>			<b>Placement End Date:</b>		

<b>Name of Mentor (please print):</b> <i>and/or</i> (delete as appropriate)		<b>Date:</b>
<b>Associate Mentor (please print):</b>		<b>Date:</b>
<i>NB: End of course needs to be a recognised Sign Off Mentor</i>		
<b>Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.)</b>		
	<b>Sign: Achieved</b>	<b>Sign: Not Achieved</b>
Have <b>ALL</b> practice outcomes/proficiencies been achieved?		
If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below:		
Link Tutor Notified of Non-Achievement:      Yes                      No		
Date link tutor notified:		
Total Sickness/Absence (state whether days or hours). Details in MoPAD please.		
<b>NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form</b>		
<b>Signature of Student:</b>		<b>Date:</b>

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

**FINAL INTERVIEW RECORD - PLACEMENT 5**

**Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Cohort:** \_\_\_\_\_

*A photocopy of this form must be submitted with the OAR after this placement*

*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 Development:*

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

## END OF PLACEMENT SUMMARY – PLACEMENT 5

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 Name.....PRINT Date:.....

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: PAT/Link Tutor Comments (if required)**

Tutor's Name.....PRINT 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*

<b>Student Name:</b>		<b>Cohort:</b>		<b>Dip HE</b>	<b>BSc</b>
				(delete as appropriate)	
<b>Level of Achievement Required:</b> (please tick)		<b>Formative</b>		<b>Summative</b>	
<b>Novice</b>		<b>Beginner</b>		<b>Advanced Beginner</b>	
<b>Competent</b>					
<b>Full Name &amp; Site of Placement:</b>					
<b>Placement Start Date:</b>			<b>Placement End Date:</b>		

<b>Name of Mentor (please print):</b> <i>and/or</i> (delete as appropriate)		<b>Date:</b>
<b>Associate Mentor (please print):</b>		<b>Date:</b>
<i>NB: End of course needs to be a recognised Sign Off Mentor</i>		
<b>Mentor to complete and sign the following on completion of the student's placement.</b> <b>(Full signature required please.)</b>		
	<b>Sign: Achieved</b>	<b>Sign: Not Achieved</b>
Have <b>ALL</b> practice outcomes/proficiencies been achieved?		
If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below:		
Link Tutor Notified of Non-Achievement:	Yes	No
Date link tutor notified:		
Total Sickness/Absence (state whether days or hours). Details in MoPAD please.		
<b>NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form</b>		
<b>Signature of Student:</b>		<b>Date:</b>

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

**FINAL INTERVIEW RECORD - PLACEMENT 6**

**Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Cohort:** \_\_\_\_\_

*A photocopy of this form must be submitted with the OAR after this placement*

*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 Development:*

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

**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)

Mentor's Name.....**PRINT** Date:.....

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: PAT/Link Tutor Comments (if required)**

Tutor's Name.....**PRINT** Date:.....

Tutor's Signature.....

## QUALIFICATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 7

*A photocopy of this form must be submitted with the OAR after this placement*

<b>Student Name:</b>		<b>Cohort:</b>		<b>Dip HE</b> (delete as appropriate)	<b>BSc</b> (delete as appropriate)
<b>Level of Achievement Required:</b> (please tick)		<b>Formative</b>		<b>Summative</b>	
Novice	Beginner	<b>Advanced Beginner</b>		<b>Competent</b>	
<b>Full Name &amp; Site of Placement:</b>					
<b>Placement Start Date:</b>			<b>Placement End Date:</b>		

<b>Name of Mentor (please print):</b> <i>and/or</i> (delete as appropriate)		<b>Date:</b>
<b>Associate Mentor (please print):</b> <i>NB: End of course needs to be a recognised Sign Off Mentor</i>		<b>Date:</b>
<b>Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.)</b>		
	<b>Sign: Achieved</b>	<b>Sign: Not Achieved</b>
Have <b>ALL</b> practice outcomes/proficiencies been achieved?		
If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below:		
Link Tutor Notified of Non-Achievement:      Yes                      No		
Date link tutor notified:		
Total Sickness/Absence (state whether days or hours). Details in MoPAD please.		
<b>NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form</b>		
<b>Signature of Student:</b>		<b>Date:</b>

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

**FINAL INTERVIEW RECORD - PLACEMENT 7**

**Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Cohort:** \_\_\_\_\_

*A photocopy of this form must be submitted with the OAR after this placement*

*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 Development:*

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



## END OF PLACEMENT SUMMARY – PLACEMENT 7

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 Name.....PRINT Date:.....

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: PAT/Link Tutor Comments (if required)**

Tutor's Name.....PRINT Date:.....

Tutor's Signature.....

## QUALIFICATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 8

*A photocopy of this form must be submitted with the OAR after this placement*

<b>Student Name:</b>		<b>Cohort:</b>		<b>Dip HE</b>	<b>BSc</b>
				(delete as appropriate)	
<b>Level of Achievement Required:</b> (please tick)		<b>Formative</b>		<b>Summative</b>	
<b>Novice</b>		<b>Beginner</b>		<b>Advanced Beginner</b>	
<b>Full Name &amp; Site of Placement:</b>					
<b>Placement Start Date:</b>			<b>Placement End Date:</b>		

<b>Name of Mentor (please print):</b> <i>and/or</i> (delete as appropriate)		<b>Date:</b>
<b>Associate Mentor (please print):</b>		<b>Date:</b>
<i>NB: End of course needs to be a recognised Sign Off Mentor</i>		
<b>Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.)</b>		
	<b>Sign: Achieved</b>	<b>Sign: Not Achieved</b>
Have <b>ALL</b> practice outcomes/proficiencies been achieved?		
If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below:		
Link Tutor Notified of Non-Achievement:	Yes	No
Date link tutor notified:		
Total Sickness/Absence (state whether days or hours). Details in MoPAD please.		
<b>NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form</b>		
<b>Signature of Student:</b>		<b>Date:</b>

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

**FINAL INTERVIEW RECORD - PLACEMENT 8**

**Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Cohort:** \_\_\_\_\_

*A photocopy of this form must be submitted with the OAR after this placement*

*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 Development:*

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

## END OF PLACEMENT SUMMARY – PLACEMENT 8

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 Name.....PRINT Date:.....

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: PAT/Link Tutor Comments (if required)**

Tutor's Name.....PRINT 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*

<b>Student Name:</b>		<b>Cohort:</b>		<b>Dip HE</b>	<b>BSc</b>
				(delete as appropriate)	
<b>Level of Achievement Required:</b> (please tick)		<b>Formative</b>		<b>Summative</b>	
<b>Novice</b>		<b>Beginner</b>		<b>Advanced Beginner</b>	<b>Competent</b>
<b>Full Name &amp; Site of Placement:</b>					
<b>Placement Start Date:</b>			<b>Placement End Date:</b>		

<b>Name of Mentor (please print):</b> <i>and/or</i> (delete as appropriate)		<b>Date:</b>
<b>Associate Mentor (please print):</b>		<b>Date:</b>
<i>NB: End of course needs to be a recognised Sign Off Mentor</i>		
<b>Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.)</b>		
	<b>Sign: Achieved</b>	<b>Sign: Not Achieved</b>
Have <b>ALL</b> practice outcomes/proficiencies been achieved?		
If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below:		
Link Tutor Notified of Non-Achievement:      Yes                      No		
Date link tutor notified:		
Total Sickness/Absence (state whether days or hours). Details in MoPAD please.		
<b>NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form</b>		
<b>Signature of Student:</b>		<b>Date:</b>

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

**FINAL INTERVIEW RECORD - PLACEMENT 9**

**Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Cohort:** \_\_\_\_\_

*A photocopy of this form must be submitted with the OAR after this placement*

*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 Development:*

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

## END OF PLACEMENT SUMMARY – PLACEMENT 9

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 Name.....PRINT Date:.....

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: PAT/Link Tutor Comments (if required)**

Tutor's Name.....PRINT Date:.....

Tutor's Signature.....

## QUALIFICATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 10

*A photocopy of this form must be submitted with the OAR after this placement*

<b>Student Name:</b>		<b>Cohort:</b>		<b>Dip HE</b>	<b>BSc</b>
				(delete as appropriate)	
<b>Level of Achievement Required:</b> (please tick)		<b>Formative</b>		<b>Summative</b>	
<b>Novice</b>		<b>Beginner</b>		<b>Advanced Beginner</b>	<b>Competent</b>
<b>Full Name &amp; Site of Placement:</b>					
<b>Placement Start Date:</b>			<b>Placement End Date:</b>		

<b>Name of Mentor (please print):</b> <i>and/or</i> (delete as appropriate)		<b>Date:</b>
<b>Associate Mentor (please print):</b> <i>NB: End of course needs to be a recognised Sign Off Mentor</i>		<b>Date:</b>
<b>Mentor to complete and sign the following on completion of the student's placement.</b> <b>(Full signature required please.)</b>		
	<b>Sign: Achieved</b>	<b>Sign: Not Achieved</b>
Have <b>ALL</b> practice outcomes/proficiencies been achieved?		
If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below:		
Link Tutor Notified of Non-Achievement:      Yes                      No		
Date link tutor notified:		
Total Sickness/Absence (state whether days or hours). Details in MoPAD please.		
<b>NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form</b>		
<b>Signature of Student:</b>		<b>Date:</b>

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



**FINAL INTERVIEW RECORD - PLACEMENT 10**

**Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Cohort:** \_\_\_\_\_

*A photocopy of this form must be submitted with the OAR after this placement*

*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 Development:*

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

**RECORD OF COMPULSORY UPDATES**

Each year a photocopy of this form **MUST** be given to your PAT on completion for placing in your record

**NAME:** .....

**COHORT:** .....

**SITE:** .....

Update via Blackboard/Practical	Year 1	Year 2	Year 3
COSHH	Date: Student:	Date: Student:	Date: Student:
Food Hygiene	Date: Student:	Date: Student: :	Date: Student: :
Infection Control	Date: Student::	Date: Student:	Date: Student:
Update via Compulsory Practical	Year 1	Year 2	Year 3
First Aid	Date: Student: Verifier:	Date: Student: Verifier:	Date: Student: Verifier:
Basic Life Support	Date: Student: Verifier:	Date: Student: Verifier:	Date: Student: Verifier:
Personal Safety	Date: Student: Verifier:	Date: Student: Verifier:	Date: Student: Verifier:
Moving & Handling	Date: Student: Verifier:	Date: Student: Verifier:	Date: Student: Verifier:
Fire Lecture: Blackboard or Practical	Date: Student: Verifier:	Date: Student: Verifier:	Date: Student: Verifier:
ESC 25 (ii) Safely performs basic wound care using clean and aseptic techniques through <b>simulation</b> in University	Date: Student: Verifier:		
ESC 42 (ii) <b>Through simulation</b> 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) <b>Through simulation</b> 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 PAT 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.

EXAMPLE



## Sign Off Mentor Statement of Proficiency at the Point of Registration

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

Student Full Name:	
University ID Number:	
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 date *either* section 1 or section 2 below**

### SECTION 1

**PASS Confirmation Statement:**

I have reviewed the student's Ongoing Achievement Record and I confirm that from the evidence I have seen and reviewed:

\_\_\_\_\_ (insert student name in BLOCK CAPITALS)

has met all the NMC Standards of Proficiency and Essential Skills Clusters in Practice for completion of the pre-registration nursing programme, and has demonstrated safe and effective practice sufficient to recommend eligibility for entry to the professional register

**Signature of Sign Off Mentor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SECTION 2

**FAIL Confirmation Statement:**

At this time I cannot sign off this student as eligible for entry to the professional register for the reason(s) detailed below:

**Signature of Sign Off Mentor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*

Use this area to make any additional comments, if you do not use it please strike through.

EXAMPLE

Signature of Sign Off Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

EXAMPLE