**Student Key Information:**

Placement: (A / A2 / B / C)

Placement dates:

Placement location (address / directions if appropriate):

Core working hours:

Clinical Supervisor (include email):

Mentor (included email):

Key dates:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Professionalism review |  |  |  |  |
| Journal paper review |  | | | |
| Case Study review |  | | | |
| Audit |  | | | |
| Date for ½ way assessment |  | | | |
| Date for final assessment |  | | | |