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| **Placement Concerns Meeting Report Form** |

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| Date concerns raised |  |
| Name of person completing the form |  |
| Title of person completing the form |  |

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| Practice Placement Area |  | | |
| Organisation |  | | |
| Student | Name | | Cohort |
|  | |  |
| Academic Advisor |  | | |
| Practice Educator |  | | |
| Onsite Supervisor (if appropriate) |  | | |
| Agency Placement Coordinator |  | | |
| Summary of concerns  *Please ensure full details are provided i.e., dates, names, titles, do not include service user details.* |  | | |
| Student’s response to concerns raised |  | | |
| State what immediate action has been taken to resolve the issue(s) |  | | |
| Has the student’s Academic Advisor been notified? | Yes  No | | |
| Has the concern been noted in the student’s supervision notes? | | Yes  No | |

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| **Issue(s) resolved: No further action required** | |  |
|  | | |
| Practice Educator: | Date: | |
| Academic Advisor: Date: | | |
| Student: | Date: | |

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| **Issue(s) not resolved: Further action required** |  |
| *Please complete the action plan grid below.* | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Summary of Actions** | | **Date Agreed** | **Date to be Achieved** | | **Person Responsible** | |
| 1 |  |  |  | |  | |
| 2 |  |  |  | |  | |
| 3 |  |  |  | |  | |
| 4 |  |  |  | |  | |
| 5 |  |  |  | |  | |
|  | | | | | |
| Practice Educator: | | | | Date: | |
| Academic Advisor: | | | | Date: | |
| Student: Date: | | | | | |

**Following achievement of the action plan please complete next section of the form.**

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| *I, the undersigned, confirm that all actions in relation to the above action plan have been achieved.* | |
| Practice Educator: | Date: |
| Academic Advisor: | Date: |
| Student: Date: | |