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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.* |

|  |  |  |  |
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| **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: |