

**OPTIONAL PLACEMENT RECORD**

Please note: A separate form will be required if undertaking an Optional Placement in more than one Locality.

Name:	Uni Number:
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Name of Optional Placement Mentor/Supervisor		
Optional Placement Details (Trust/Ward/Specialism)		
Optional Placement Trust Telephone Number		
Dates of Optional Placement	From (date):	To (date):

**RECORD OF SIGNATURE AND INITIALS**

The signature and initials of the placement mentor/supervisor must appear on this form together with those of others with whom the student has worked.

Name	Signature	Initials

**Mentor/Supervisors Report :**

<b>Name:</b>	<b>Professional Role:</b>
<b>Signature:</b>	<b>Date:</b>

On completion of the Optional Placement this form should be discussed with your Personal Tutor after which it a copy should be forwarded to the Programme Administration Team.