APPEL 2nd-Year INDUCTION PLAN

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| **STUDENT NAME:** |
| **SUPERVISOR NAME:** |
| **HOUSEKEEPING CHECKLIST**  * Placement days are: * Placement hours are: * Daily lunch time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Provide a tour of the Training Establishment, including bathroom facilities, locker/personal item storage area, kitchen/break room, etc. * Introduce the student to members of staff * Assign a ‘buddy’ to the student (if required) * Name of ‘buddy’: |
| **DATE PLANNING** Schedule for Student-Supervisor meeting(s): Minimum of one meeting required.  Student placement dates:  Supervisor’s Report to be completed by (date): |

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| **PLACEMENT EXPECTATIONS** Student: What is important for me for a successful placement?          Supervisor: What is important for me for a successful placement?          Student’s personal learning objectives while on placement:          Student’s previous pharmacy or other relevant experience: |
| **FEEDBACK** The purpose of feedback is to provide information to students with the intention of narrowing the gap between actual and desired performance. This can be achieved through timely delivery of practical advice for improved performance.  How does the student like to receive feedback?  (E.g. in the moment, at scheduled meetings, at the end of the day, formal/informal feedback.)  How will feedback be provided by the Supervisor?  When and how often will feedback be provided by the Supervisor?  **PAPERWORK** Any training considered mandatory or beneficial to the student in carrying out their daily tasks should be provided at the start of placement as part of the induction process.  For example:   * SOPs * Health and Safety * Training Manuals * Any other placement related paperwork  **TRAINING PLAN** For 2nd Year placements**, the student workbook can be used as a training plan**. It may be useful to assign anticipated dates to each activity, to support student and supervisor planning. **THE STUDENT MUST BE APPROPRIATELY SUPERVISED AT ALL TIMES.** |

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| **Name of Practice Educator(s) (PE (s))** |  |
| **PE(s) email** |  |
| **PE(s) phone number** |  |
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