



Name.....
Number.....
Cohort.....
Personal Tutor.....

# ONGOING ACHIEVEMENT RECORD

**BSc/PGDip**



**This OAR is to be used in conjunction with the Practice Assessment Document  
This document remains the property of City, University of London**

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The OAR document contains a summary of each placement

Mentor/supervisor checklist/comments

Sign off at each stage of the progression point

Final Sign-off Mentor verification

### Guidelines for OAR

**Satisfactory completion of this document is a requirement of the Nursing and Midwifery Council to enable you to be placed on the professional nursing register.**

#### Students

The Ongoing Achievement Record (OAR) summarises your achievements in each placement and with the Practice Assessment Document (PAD) provides a comprehensive record of professional development and performance in practice.

The purpose of this document is to provide evidence from mentor to mentor regarding your progress, highlighting any areas for development throughout the programme. Your mentor/supervisor must have access to this document at all times during your placement and it should be made available on request. It is your responsibility to ensure it is completed on each placement.

#### Mentors/Supervisors

This document provides future mentors/supervisors and the university with information regarding the student's progress. This allows you to identify any areas for development identified in previous placements. Any areas highlighted for development that can be achieved in the current placement should be incorporated into the learning plan in the PAD. Following the Final Interview on each placement, the mentor/supervisor should complete a summary of the practice placement in this OAR indicating any areas for development for future placements.

#### Progression Points 1 and 2

At the final placement for each Part, the mentor is required to verify that the student has successfully completed all the required elements of practice to progress to the next Part. This should be documented in the mentor/supervisors statement of overall performance.

#### Sign-off Mentors

As The Sign-off Mentor you will use this document to confirm the student's competence in practice and recommend entry to the NMC Register. Further supporting evidence may include the PAD documents, student portfolios, academic records and any other documentation deemed necessary. **Once you are satisfied that all elements in the PAD are complete the final declaration will be signed.**

**PART 1 - PLACEMENT 1**  
**To be completed by the Mentor/Supervisor**

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Grade Awarded (*Bucks New University and Middlesex University Only*):

Has the student achieved the professional values?	<b>Yes/No</b>
Has the student achieved the agreed Essential Skills	<b>Yes/No</b>
Has the student achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the student completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place (if yes, see PAD document)	<b>Yes/No</b>

Student signature:

Date:

Print Mentor name:

Mentor/Supervisor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Supervisor's Comments/Review of the PAD document  
 (e.g. personal tutor/University representative)

Signature:

Date:

**PART 1 - PLACEMENT 2**  
To be completed by the Mentor/Supervisor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Grade Awarded (*Bucks New University and Middlesex University Only*):

Has the student achieved the professional values?	<b>Yes/No</b>
Has the student achieved the agreed Essential Skills	<b>Yes/No</b>
Has the student achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the student completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place (if yes, see PAD document)	<b>Yes/No</b>

Student signature:

Date:

Print Mentor name:

Mentor/Supervisor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Supervisor's Comments/Review of the PAD document  
(e.g. personal tutor/University representative)

Signature:

Date:

**PART 1 - PLACEMENT 3**  
To be completed by the Mentor/Supervisor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Grade Awarded (*Bucks New University and Middlesex University Only*):

Has the student achieved the professional values?	<b>Yes/No</b>
Has the student achieved the agreed Essential Skills	<b>Yes/No</b>
Has the student achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the student completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place (if yes, see PAD document)	<b>Yes/No</b>

Student signature:

Date:

Print Mentor name:

Mentor/Supervisor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Supervisor's Comments/Review of the PAD document  
(e.g. personal tutor/University representative)

Signature:

Date:

## Progression Point 1

The NMC has identified skills and professional behaviours that the student must demonstrate by the first progression point:

These criteria cover:

- Safety, safeguarding, and protection of people of all ages, their carers and their families.
- Professional Values, expected attitudes and the behaviours that must be shown towards people, their carers, their families, and others.

### Mentor/Supervisor statement of overall performance:

I confirm the student has achieved all the requirements of Part 1 practice assessment.

**Mentor/Supervisor:** *(print name below)*

**Mentor's signature:**

**Date:**

**Student name (please print):**

**Student's signature:**

**Date:**

## PART 1 – RETRIEVAL PLACEMENT

To be completed by the Mentor/Supervisor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Grade Awarded (*Bucks New University and Middlesex University Only*):

Has the student achieved the professional values?	Yes/No
Has the student achieved the agreed Essential Skills	Yes/No
Has the student achieved their agreed learning and development needs?	Yes/No
Has the student completed the required hours?	Yes/No
Has an Action Plan been put in place (if yes, see PAD document)	Yes/No

Student signature:

Date:

Print Mentor name:

Mentor/Supervisor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Supervisor's Comments/Review of the PAD document  
(e.g. personal tutor/University representative)

Signature:

Date:

**PART 2 - PLACEMENT 1**  
**To be completed by the Mentor/Supervisor**

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Grade Awarded (*Bucks New University and Middlesex University Only*):

Has the student achieved the professional values?	<b>Yes/No</b>
Has the student achieved the agreed Essential Skills	<b>Yes/No</b>
Has the student achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the student completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place (if yes, see PAD document)	<b>Yes/No</b>

Student signature:

Date:

Print Mentor name:

Mentor/Supervisor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Supervisor's Comments/Review of the PAD document  
 (e.g. personal tutor/University representative)

Signature:

Date:



**PART 2 - PLACEMENT 2**  
**To be completed by the Mentor/Supervisor**

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Grade Awarded (*Bucks New University and Middlesex University Only*):

Has the student achieved the professional values?	<b>Yes/No</b>
Has the student achieved the agreed Essential Skills	<b>Yes/No</b>
Has the student achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the student completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place (if yes, see PAD document)	<b>Yes/No</b>

Student signature:

Date:

Print Mentor name:

Mentor/Supervisor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Supervisor's Comments/Review of the PAD document  
 (e.g. personal tutor/University representative)

Signature:

Date:

**PART 2 - PLACEMENT 3**  
**To be completed by the Mentor/Supervisor**

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Grade Awarded (*Bucks New University and Middlesex University Only*):

Has the student achieved the professional values?	<b>Yes/No</b>
Has the student achieved the agreed Essential Skills	<b>Yes/No</b>
Has the student achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the student completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place (if yes, see PAD document)	<b>Yes/No</b>

Student signature:

Date:

Print Mentor name:

Mentor/Supervisor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Supervisor's Comments/Review of the PAD document  
 (e.g. personal tutor/University representative)

Signature:

Date:

**PART 2 - PLACEMENT 4**  
**To be completed by the Mentor/Supervisor**

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Grade Awarded (*Bucks New University and Middlesex University Only*):

Has the student achieved the professional values?	<b>Yes/No</b>
Has the student achieved the agreed Essential Skills	<b>Yes/No</b>
Has the student achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the student completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place (if yes, see PAD document)	<b>Yes/No</b>

Student signature:

Date:

Print Mentor name:

Mentor/Supervisor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Supervisor's Comments/Review of the PAD document  
 (e.g. personal tutor/University representative)

Signature:

Date:

## Progression Point 2

The NMC (2010) identify criteria that must be met as a minimum requirement by the second progression point.

These criteria cover:

- The student works more independently, with less direct supervision in a safe and increasingly confident manner
- The student demonstrates the potential to work autonomously, making the most of opportunities to extend knowledge, skills and practice

### Mentor/Supervisor statement of overall performance:

I confirm the student has achieved all the requirements of Part 2 practice assessment.

**Mentor/Supervisor:** *(print name below)*

**Mentor's signature:**

**Date:**

**Student name (please print):**

**Student's signature:**

**Date:**

## PART 2 – RETRIEVAL PLACEMENT

To be completed by the Mentor/Supervisor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Grade Awarded (*Bucks New University and Middlesex University Only*):

Has the student achieved the professional values?	Yes/No
Has the student achieved the agreed Essential Skills	Yes/No
Has the student achieved their agreed learning and development needs?	Yes/No
Has the student completed the required hours?	Yes/No
Has an Action Plan been put in place (if yes, see PAD document)	Yes/No

Student signature:

Date:

Print Mentor name:

Mentor/Supervisor's signature:

Date:

Number of hours completed:	Outstanding hours:	
Number of days of sickness:	Absence:	Authorised/Unauthorised

Academic Supervisor's Comments/Review of the PAD document  
(e.g. personal tutor/University representative)

Signature:

Date:

**PART 3 - PLACEMENT 1**  
**To be completed by the Mentor/Supervisor**

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Grade Awarded (*Bucks New University and Middlesex University Only*):

Has the student achieved the professional values?	<b>Yes/No</b>
Has the student achieved the agreed Essential Skills	<b>Yes/No</b>
Has the student achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the student completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place (if yes, see PAD document)	<b>Yes/No</b>

Student signature:

Date:

Print Mentor name:

Mentor/Supervisor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Supervisor's Comments/Review of the PAD document  
 (e.g. personal tutor/University representative)

Signature:

Date:

**PART 3 - PLACEMENT 2**  
To be completed by the Mentor/Supervisor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Grade Awarded (*Bucks New University and Middlesex University Only*):

Has the student achieved the professional values?	<b>Yes/No</b>
Has the student achieved the agreed Essential Skills	<b>Yes/No</b>
Has the student achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the student completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place (if yes, see PAD document)	<b>Yes/No</b>

Student signature:

Date:

Print Mentor name:

Mentor/Supervisor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Supervisor's Comments/Review of the PAD document  
(e.g. personal tutor/University representative)

Signature:

Date:

**PART 3 - PLACEMENT 3**  
**To be completed by the Mentor/Supervisor**

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Grade Awarded (*Bucks New University and Middlesex University Only*):

Has the student achieved the professional values?	<b>Yes/No</b>
Has the student achieved the agreed Essential Skills	<b>Yes/No</b>
Has the student achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the student completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place (if yes, see PAD document)	<b>Yes/No</b>

Student signature:

Date:

Print Mentor name:

Mentor/Supervisor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Supervisor's Comments/Review of the PAD document  
 (e.g. personal tutor/University representative)

Signature:

Date:



**PART 3 - PLACEMENT 4**  
To be completed by the Mentor/Supervisor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Grade Awarded (*Bucks New University and Middlesex University Only*):

Has the student achieved the professional values?	<b>Yes/No</b>
Has the student achieved the agreed Essential Skills	<b>Yes/No</b>
Has the student achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the student completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place (if yes, see PAD document)	<b>Yes/No</b>

Student signature:

Date:

Print Mentor name:

Mentor/Supervisor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Supervisor's Comments/Review of the PAD document  
(e.g. personal tutor/University representative)

Signature:

Date:

**PART 3 – RETRIEVAL PLACEMENT**

To be completed by the Mentor/Supervisor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Grade Awarded (*Bucks New University and Middlesex University Only*):

Has the student achieved the professional values?	<b>Yes/No</b>
Has the student achieved the agreed Essential Skills	<b>Yes/No</b>
Has the student achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the student completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place (if yes, see PAD document)	<b>Yes/No</b>

Student signature:

Date:

Print Mentor name:

Mentor/Supervisor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Supervisor's Comments/Review of the PAD document  
(e.g. personal tutor/University representative)

Signature:

Date:

**END OF PROGRAMME DECLARATION BY SIGN OFF MENTOR**

**This is to certify that student nurse**

..... **(Print name)**

Has been assessed as fit to practice safely and effectively without supervision and practises at the level of competence required for entry on to the Nursing and Midwifery Council register for the United Kingdom.

*'To the best of my knowledge the student has demonstrated standards and behaviours that are consistent with the standards and requirements outlined by 'The Code: standards for conduct, performance and ethics for nurses and midwives' (Nursing & Midwifery Council, 2015)*

**Sign-off mentor's name** *(please print below):*

**NMC PIN number:**

**Signature**..... **Date**.....