

STUDENT'S CLINICAL RECORD

This is a record of clinical hours and will include factual information concerning the student's clinical experiences. A copy of the record should be signed and dated by student and clinician at the end of each placement period, and submitted to the placement office. An e-mail version is also available on request.

NAME OF STUDENT:

YEAR:

PLACEMENT DETAILS:

Name of practice educator	
Name of service	
Client group	
Number of sessions attended	
Number of sessions absent	
Description of activity – observation, hands on etc	

Student signature and date	Practice educator signature and date

Cc: student, programmes officer