



Undergraduate Diploma in Nursing/BSc (Hons)

NMC Ongoing Achievement Record

**Achievement of Outcomes for Entry to Branch:
Common Foundation Programme**

**Achievement of Standards of Proficiency for
Entry to the NMC Professional Register:
Branch Years Two and Three**

Student Details

Name	
Branch	
Centre	
Cohort	

Personal Tutor Contact Details

Name	
Telephone Extension	
E-mail	

Programme Leaders Details

CFP: Name	
Telephone Extension	
E-mail	
Branch: Name	
Telephone Extension	
E-Mail	

Record of Placement Allocation

Please include any dates of interruptions and resumptions to the course.

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Notes on Completing the Ongoing Achievement Record

This document has been designed in response to requests for information on the practice progress of students and requirements of the Nursing and Midwifery Council.

Notes for Mentors

Please refer to detailed information regarding the Ongoing Achievement Record in mentor handbook: http://www.nottingham.ac.uk/nursing/practice/mentors/mentors_handbook.php

Mentor's Role

1. The mentor will review the evidence submitted and assess the student as competent, or detail their non-achievement of standards of proficiency owing to:
 - Poor/Unsafe Practice
 - Insufficient/inappropriate evidence
 - No opportunity
2. The mentor will provide a written assessment of the student's professional progress.

Process for completing the Ongoing Achievement Record

1. Assessment of competence in standards of outcomes (CFP) or proficiency (branch).

The individual outcomes or proficiencies are presented in their relevant domain. You are required to enter practice level achieved in the box provided alongside each outcome or standard of proficiency and provide a single signature against each of the four domains. Please note if the outcome or standard of proficiency has not been achieved you should score through the appropriate box.

E.g.

DOMAIN 1:									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1	1	1.1.3	2	1.2.2	1	1.3.2	1	1.5.1	1
1.1.2		1.2.1	1	1.3.1	1	1.4.1	1	1.5.2	2
Mentor Signature <i>L. J. Strouther</i>					Date				

2. Documentation and rationale for student either not achieving outcome or standard of proficiency or not achieving at appropriate practice level.

Please list the outcome or standard of proficiency and reasons for not achieving/not achieving at the appropriate practice level.

E.g.

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature
1.1.2	Student provided insufficient evidence	<i>L. J. Strouther</i>			

3. Formulate an action plan of learning.

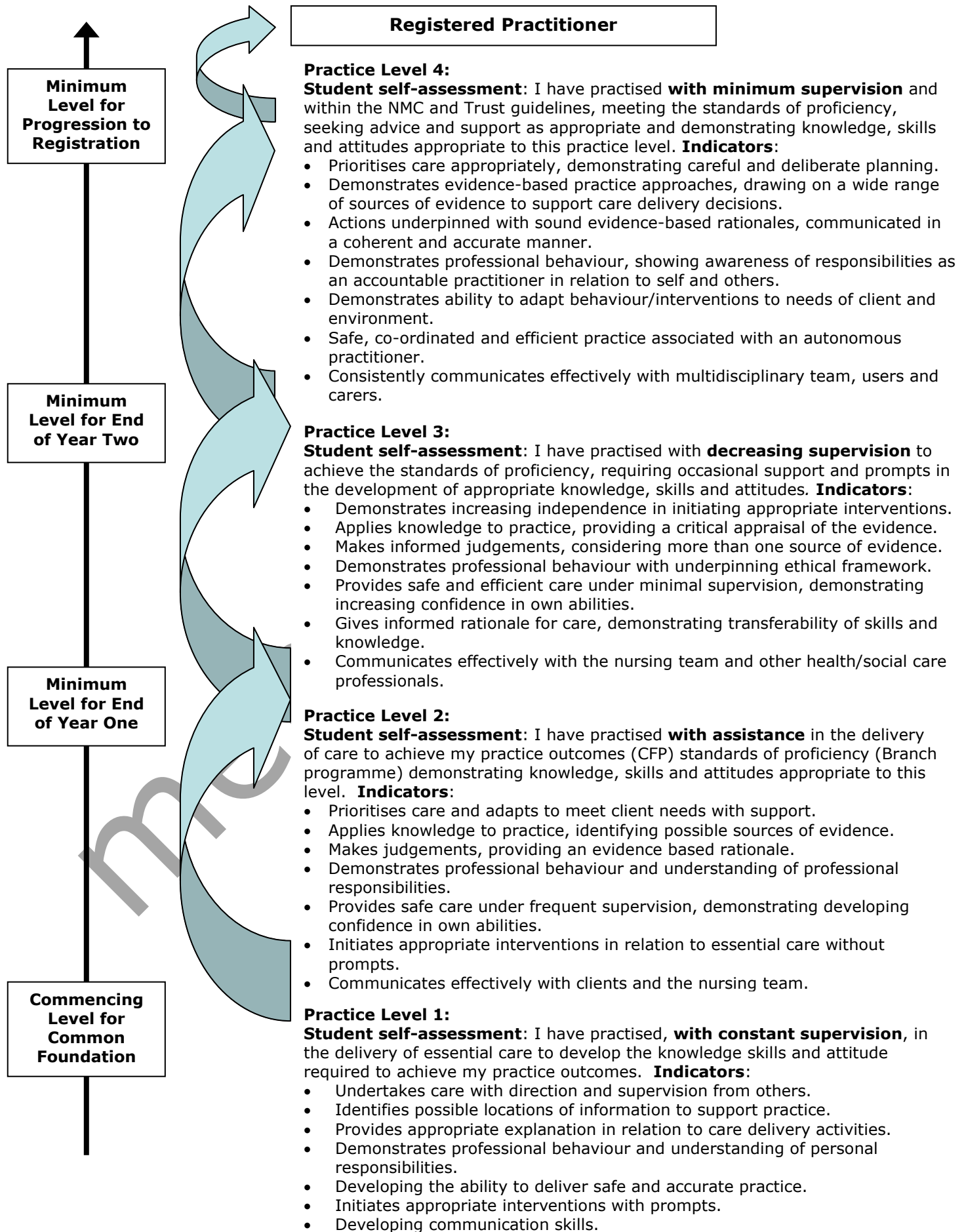
An action plan is required for the student's next placement which **must** include measures to achieve any outstanding outcomes or standards of proficiency and **should** include learning needs of the student.

Please enter card behind carbonated sheets when completing documentation

Skills Escalator Pre-Registration Nursing Courses

Adapted from Bondy (1983)

The Practice Levels below are the minimum levels of achievement for that part of the course. Students may be assessed at achieving beyond the minimal level and should be encouraged to progress towards the higher levels



Student's name _____

Mentor's Name _____

Placement Name _____

Semester _____

Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
1.1.1		1.1.3		1.2.2		1.3.2		1.5.1	
1.1.2		1.2.1		1.3.1		1.4.1		1.5.2	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
2.1.1		2.3.2		2.5.1		2.7.1		2.9.2	
2.1.2		2.3.3		2.5.2		2.7.2		2.9.3	
2.1.3		2.4.1		2.5.3		2.8.1		2.10.1	
2.2.1		2.4.2		2.6.1		2.9.1		2.10.2	
2.3.1		2.4.3							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
3.1.1		3.1.2		3.2.1		3.2.2		3.3.1	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Outcome	Level	Outcome	Level	Outcome	Level				
4.1.1		4.1.2		4.2.1					
Mentor Signature _____ Date _____									

Outcome not achieved/not achieved at required level

Outcome	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

White copy Permanent

Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____

Mentor's Name _____

Placement Name _____

Semester _____

Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
1.1.1		1.1.3		1.2.2		1.3.2		1.5.1	
1.1.2		1.2.1		1.3.1		1.4.1		1.5.2	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
2.1.1		2.3.2		2.5.1		2.7.1		2.9.2	
2.1.2		2.3.3		2.5.2		2.7.2		2.9.3	
2.1.3		2.4.1		2.5.3		2.8.1		2.10.1	
2.2.1		2.4.2		2.6.1		2.9.1		2.10.2	
2.3.1		2.4.3							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
3.1.1		3.1.2		3.2.1		3.2.2		3.3.1	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Outcome	Level	Outcome	Level	Outcome	Level				
4.1.1		4.1.2		4.2.1					
Mentor Signature _____ Date _____									

Outcome not achieved/not achieved at required level

Outcome	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

White copy Permanent

Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

Student's name _____
Mentor's Name _____
Placement Name _____

Semester _____
Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments**Student Comments**

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
1.1.1		1.1.3		1.2.2		1.3.2		1.5.1	
1.1.2		1.2.1		1.3.1		1.4.1		1.5.2	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
2.1.1		2.3.2		2.5.1		2.7.1		2.9.2	
2.1.2		2.3.3		2.5.2		2.7.2		2.9.3	
2.1.3		2.4.1		2.5.3		2.8.1		2.10.1	
2.2.1		2.4.2		2.6.1		2.9.1		2.10.2	
2.3.1		2.4.3							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
3.1.1		3.1.2		3.2.1		3.2.2		3.3.1	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Outcome	Level	Outcome	Level	Outcome	Level				
4.1.1		4.1.2		4.2.1					
Mentor Signature _____ Date _____									

Outcome not achieved/not achieved at required level

Outcome	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____

Mentor's Name _____

Placement Name _____

Semester _____

Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
1.1.1		1.1.3		1.2.2		1.3.2		1.5.1	
1.1.2		1.2.1		1.3.1		1.4.1		1.5.2	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
2.1.1		2.3.2		2.5.1		2.7.1		2.9.2	
2.1.2		2.3.3		2.5.2		2.7.2		2.9.3	
2.1.3		2.4.1		2.5.3		2.8.1		2.10.1	
2.2.1		2.4.2		2.6.1		2.9.1		2.10.2	
2.3.1		2.4.3							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
3.1.1		3.1.2		3.2.1		3.2.2		3.3.1	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Outcome	Level	Outcome	Level	Outcome	Level				
4.1.1		4.1.2		4.2.1					
Mentor Signature _____ Date _____									

Outcome not achieved/not achieved at required level

Outcome	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

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Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance Underpinning principles: punctuality; flexibility, shift pattern; reliability	
Professional conduct Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues	
Initiative and enthusiasm Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities	
Overall comments	
Student Comments	
Dates of sickness	Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
1.1.1		1.1.3		1.2.2		1.3.2		1.5.1	
1.1.2		1.2.1		1.3.1		1.4.1		1.5.2	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
2.1.1		2.3.2		2.5.1		2.7.1		2.9.2	
2.1.2		2.3.3		2.5.2		2.7.2		2.9.3	
2.1.3		2.4.1		2.5.3		2.8.1		2.10.1	
2.2.1		2.4.2		2.6.1		2.9.1		2.10.2	
2.3.1		2.4.3							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
3.1.1		3.1.2		3.2.1		3.2.2		3.3.1	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Outcome	Level	Outcome	Level	Outcome	Level				
4.1.1		4.1.2		4.2.1					
Mentor Signature _____ Date _____									

Outcome not achieved/not achieved at required level

Outcome	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
1.1.1		1.1.3		1.2.2		1.3.2		1.5.1	
1.1.2		1.2.1		1.3.1		1.4.1		1.5.2	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
2.1.1		2.3.2		2.5.1		2.7.1		2.9.2	
2.1.2		2.3.3		2.5.2		2.7.2		2.9.3	
2.1.3		2.4.1		2.5.3		2.8.1		2.10.1	
2.2.1		2.4.2		2.6.1		2.9.1		2.10.2	
2.3.1		2.4.3							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
3.1.1		3.1.2		3.2.1		3.2.2		3.3.1	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Outcome	Level	Outcome	Level	Outcome	Level				
4.1.1		4.1.2		4.2.1					
Mentor Signature _____ Date _____									

Outcome not achieved/not achieved at required level

Outcome	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
1.1.1		1.1.3		1.2.2		1.3.2		1.5.1	
1.1.2		1.2.1		1.3.1		1.4.1		1.5.2	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
2.1.1		2.3.2		2.5.1		2.7.1		2.9.2	
2.1.2		2.3.3		2.5.2		2.7.2		2.9.3	
2.1.3		2.4.1		2.5.3		2.8.1		2.10.1	
2.2.1		2.4.2		2.6.1		2.9.1		2.10.2	
2.3.1		2.4.3							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
3.1.1		3.1.2		3.2.1		3.2.2		3.3.1	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Outcome	Level	Outcome	Level	Outcome	Level				
4.1.1		4.1.2		4.2.1					
Mentor Signature _____ Date _____									

Outcome not achieved/not achieved at required level

Outcome	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____

Mentor's Name _____

Placement Name _____

Semester _____

Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

White copy Permanent

Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

White copy Permanent

Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
Mentor's Name _____
Placement Name _____

Semester _____

Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

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Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

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Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

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Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

White copy Permanent

15

Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
Mentor's Name _____
Placement Name _____

Semester _____
Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments**Student Comments**

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

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Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

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Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance Underpinning principles: punctuality; flexibility, shift pattern; reliability	
Professional conduct Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues	
Initiative and enthusiasm Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities	
Overall comments	
Student Comments	
Dates of sickness	Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

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Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

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Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
Mentor's Name _____
Placement Name _____

Semester _____
Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments**Student Comments**

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

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Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

White copy Permanent

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Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

White copy Permanent

Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

White copy Permanent

Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance Underpinning principles: punctuality; flexibility, shift pattern; reliability	
Professional conduct Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues	
Initiative and enthusiasm Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities	
Overall comments	
Student Comments	
Dates of sickness	Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

White copy Permanent

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Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

White copy Permanent

Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
Mentor's Name _____
Placement Name _____

Semester _____
Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments**Student Comments**

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy



Division of Nursing

Student's name _____

Dates from _____ to _____

Placement name _____

Sign-off Mentor's name _____

Personal Tutor _____

Sign off mentor to sign either box A or B

Box A Sign Off Mentor Declaration of Achievement

I have had opportunity to review the student's Nursing and Midwifery Council Ongoing Achievement Record and have accessed the evidence in support of achievement of the standards of proficiency.

I confirm that the named student has successfully completed all practice requirements and is capable of safe and effective practice at the end of the programme.

Signature of Sign-off Mentor Date

Box B Sign Off Mentor Declaration of Non-Achievement

I have had opportunity to review the student's Nursing and Midwifery Council Ongoing Achievement Record and have accessed the evidence in support of achievement of the standards of proficiency.

I am unable to confirm that the named student has successfully completed all practice requirements and is capable of safe and effective practice at the end of the programme.

I can confirm that I have referred this matter to
(within the Division of Nursing, The University of Nottingham) for further action.

Signature of Sign-off Mentor Date

Please read following statements and *initial one statement only

I confirm that I have had the required protected time of an hour per week or equivalent	*(Initial)
I am unable to confirm that I have had the required protected time of an hour per week or equivalent	* (Initial)

Signature of Sign-off Mentor Date

Signature of Student Date

Signature of Personal Tutor Date

mentor's copy



Division of Nursing

Student's name _____

Dates from _____ to _____

Placement name _____

Sign-off Mentor's name _____

Personal Tutor _____

Sign off mentor to sign either box A or B

Box A Sign Off Mentor Declaration of Achievement

I have had opportunity to review the student's Nursing and Midwifery Council Ongoing Achievement Record and have accessed the evidence in support of achievement of the standards of proficiency.

I confirm that the named student has successfully completed all practice requirements and is capable of safe and effective practice at the end of the programme.

Signature of Sign-off Mentor Date

Box B Sign Off Mentor Declaration of Non-Achievement

I have had opportunity to review the student's Nursing and Midwifery Council Ongoing Achievement Record and have accessed the evidence in support of achievement of the standards of proficiency.

I am unable to confirm that the named student has successfully completed all practice requirements and is capable of safe and effective practice at the end of the programme.

I can confirm that I have referred this matter to
(within the Division of Nursing, The University of Nottingham) for further action.

Signature of Sign-off Mentor Date

Please read following statements and *initial one statement only

I confirm that I have had the required protected time of an hour per week or equivalent	*(Initial)
I am unable to confirm that I have had the required protected time of an hour per week or equivalent	* (Initial)

Signature of Sign-off Mentor Date

Signature of Student Date

Signature of Personal Tutor Date

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
1.1.1		1.1.3		1.2.2		1.3.2		1.5.1	
1.1.2		1.2.1		1.3.1		1.4.1		1.5.2	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
2.1.1		2.3.2		2.5.1		2.7.1		2.9.2	
2.1.2		2.3.3		2.5.2		2.7.2		2.9.3	
2.1.3		2.4.1		2.5.3		2.8.1		2.10.1	
2.2.1		2.4.2		2.6.1		2.9.1		2.10.2	
2.3.1		2.4.3							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
3.1.1		3.1.2		3.2.1		3.2.2		3.3.1	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Outcome	Level	Outcome	Level	Outcome	Level				
4.1.1		4.1.2		4.2.1					
Mentor Signature _____ Date _____									

Outcome not achieved/not achieved at required level

Outcome	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____

Mentor's Name _____

Placement Name _____

Semester _____

Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
1.1.1		1.1.3		1.2.2		1.3.2		1.5.1	
1.1.2		1.2.1		1.3.1		1.4.1		1.5.2	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
2.1.1		2.3.2		2.5.1		2.7.1		2.9.2	
2.1.2		2.3.3		2.5.2		2.7.2		2.9.3	
2.1.3		2.4.1		2.5.3		2.8.1		2.10.1	
2.2.1		2.4.2		2.6.1		2.9.1		2.10.2	
2.3.1		2.4.3							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level	Outcome	Level
3.1.1		3.1.2		3.2.1		3.2.2		3.3.1	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Outcome	Level	Outcome	Level	Outcome	Level				
4.1.1		4.1.2		4.2.1					
Mentor Signature _____ Date _____									

Outcome not achieved/not achieved at required level

Outcome	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

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Yellow copy Division of Nursing

Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
Mentor's Name _____
Placement Name _____

Semester _____
Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments**Student Comments**

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor's Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

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Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

DOMAIN 1: Professional and Ethical Practice									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
1.1.1		1.1.4		1.2.1		1.2.4		1.3.2	
1.1.2		1.1.5		1.2.2		1.2.5		1.3.3	
1.1.3		1.1.6		1.2.3		1.3.1		1.3.4	
Mentor Signature _____ Date _____									
Domain 2: Care Delivery									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
2.1.1		2.2.4		2.4.3		2.5.5		2.8.1	
2.1.2		2.3.2		2.5.1		2.5.6		2.8.2	
2.2.1		2.3.3		2.5.3		2.6.1		2.8.3	
2.2.2		2.4.1		2.5.4		2.7.1		2.8.4	
2.2.3		2.4.2							
Mentor Signature _____ Date _____									
Domain 3: Care Management									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
3.1.1		3.1.4		3.2.2		3.3.2		3.4.2	
3.1.2		3.1.5		3.2.3		3.3.3		3.4.3	
3.1.3		3.2.1		3.3.1		3.4.1		3.4.4	
Mentor Signature _____ Date _____									
Domain 4: Personal and Professional Development									
Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level	Proficiency	Level
4.1.1		4.1.3		4.2.1		4.2.2		4.2.3	
4.1.2		4.1.4							
Mentor Signature _____ Date _____									

Standard of proficiency not achieved/not achieved at required level

Proficiency	Reason	Signature	Reassessment: Level Achieved	Date	Signature

Action Plan

Development Need	Actions to achieve Development Needs

Is there additional paperwork recording achievement or identifying issues Yes/No

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Signatures: Personal Tutor _____ Student _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

Dates of absence

Mentor's signature _____ Date _____

Student's signature _____ Date _____

Personal Tutor’s Signature _____ Date _____

mentor's copy

Student's name _____
 Mentor's Name _____
 Placement Name _____

Semester _____
 Bondy Level to be achieved _____

Time keeping and attendance

Underpinning principles: punctuality; flexibility, shift pattern; reliability

Professional conduct

Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Overall comments

Student Comments

Dates of sickness

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Mentor's signature _____ Date _____

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mentor's copy