**Pre - Experiential Learning Communication Form **

Section 1: To be completed by the Experiential Learning facilitator

Dear Student Pharmacist,

Welcome to your Experiential Learning (EL) with <**<insert organisation/company name here>>.** My name is **<<insert EL facilitator name**>> and I will be your EL facilitator. To get the most out of your EL please **complete** **section 2** and return to me via email **<< x >> weeks prior to your EL with us.**

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| **Details for first day of EL** | | | |
| Location including address: |  | | |
| Name of contact: |  | Contact number: |  |
| Start time: |  | Minimum of 35hrs required for 1 week period of EL e.g., 9am-5pm with 1 hr lunch | |
| Finish time: |  |
| Process on arrival: |  | | |
| Relevant travel/parking info: |  | | |
| Break facilities available: | Canteen  Break room  Nearby shops  Other (give details): | | |
| Clothing specific information: | Guidance as per university handbook  Additional requirements (give details including changing facilities): | | |
| Covid-19 specific information and contacts: |  | | |
| Any other applicable site-specific information: |  | | |

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| General information about the structure of the EL period: |
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Section 2: To be completed by the Student Pharmacist

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| **Student name** |  | | | | |
| **Name known by (if different from above)** |  | | | | |
| **Email address** |  | | | | |
| **Contact telephone number** |  | | | | |
| **University and year of study** | RGU | Stage 1 | Stage 2 | Stage 3 | Stage 4 |
| UoS | Year 2 | Year 3 | Year 4 | Year 5 |

To get the most out of your EL please ensure that all sections of this form are **complete and returned** to your EL facilitator via email **before attending** your EL. Identifying your learning priorities in advance has been shown to result in the most successful EL experiences.

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| 1. Describe any previous pharmacy experience you have: |
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| 1. Summarise your top 3 learning priorities for this period of EL: |
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