**Pre - Experiential Learning Communication Form **

Dear Student Pharmacist,

Welcome to your Experiential Learning (EL) with <**<insert organisation/company name here>>.**

For you to get the most out of your EL please complete **sections 1 & 2** and return to your EL facilitator **<< x >> weeks prior to your EL with us.**

Once you have returned the form with sections 1 & 2 completed, your EL facilitator will contact you so that the remaining three sections can be completed.

To get the most out of your EL please ensure that **all sections of this form are complete** **before attending your EL**.

**TO BE COMPLETED BY YOU:**

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| --- | --- |
| **Student name** |  |
| **University** |  |
| **Year of study** |  |
| **Section 1:** Please describe any previous pharmacy experience |  |
| **Section 2:** What are your expectations for your EL? |  |

**TO BE COMPLETED BY YOUR EL FACILITATOR:**

**Section 3: Confirmation of location, arrival procedure, start and finish time and initial contact on day 1**

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**Section 4: Travel - Which buses to take, parking availability:**

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**Section 5: Health and Safety requirements**:

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| * Arrangements for COVID – 19 testing:
* Student contact number for Test and Protect:
* Entering the building:
* Entering the pharmacy department:
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| * Clothing requirements e.g. is a change of clothes required:
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| * Canteen facilities available/ open:
* Any site-specific requirements
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