**Pre – Experiential Placement Learning Communication Form **

Section 1: To be completed by the Experiential Learning facilitator

Dear Student Pharmacist,

Welcome to your Experiential Learning (EL) placement 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 placement please **complete** **section 2** and return to me via email at least **<< x >> days before your EL placement.**

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| **Details for first day of EL Placement** | | | |
| Location (including address): |  | | |
| Name of contact: |  | Contact number: |  |
| Start time: |  | See [university specific EL Handbook](https://www.nes.scot.nhs.uk/our-work/experiential-learning-for-student-pharmacists-in-scotland/) for minimum hours required. Any changes should be approved in advance by the university. | |
| Finish time: |  |
| Process on arrival: |  | | |
| Travel/parking information: |  | | |
| Break facilities available: | Canteen  Break room  Nearby shops  Other (give details): | | |
| Dress code: | Guidance as per university handbook  Additional requirements (give details including changing facilities): | | |
| 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 pharmacist name** |  | | | | |
| **Name known by (if different from above)** |  | | | | |
| **University 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 placement please ensure that all sections of this form are **complete and returned** to your EL facilitator via email **before attending** your EL placement. Identifying your learning priorities in advance has been shown to result in the most successful EL placement experiences.

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| 1. Describe any previous pharmacy experience you have. This should include EL placements and previous employment or summer placement experience. |
| **Previous EL Placement Experience (please mark with an “X” all options that are applicable)**   |  |  | | --- | --- | | Hospital Pharmacy |  | | Community Pharmacy |  | | Primary Care |  | | Other (state below) |  | |  | |   **Previous pharmacy employment experience (please give information on area of practice and role)**   |  | | --- | |  |   **Previous unpaid pharmacy experience (for example, summer placement, voluntary work)**   |  | | --- | |  | |
| 1. Please refer to the relevant EL placement framework in your Student Pharmacist EL Placement Handbook and tell us what your 3 main learning objectives are for this EL placement. |
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| **3.** Please refer to the relevant EL placement framework in your Student Pharmacist EL Placement Handbook and tell us which tasks you are hoping to get experience of during this EL placement? |
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