**Pre – Experiential Learning Placement 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: |  | Finish 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 must be approved in advance by the university. | | | |
| 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: |  | | |
| If the university team is aware a student pharmacist requires adjustments to working arrangements and/or safety procedures for EL, they will contact the EL facilitator in advance of the placement to discuss. Where a student pharmacist needs new or extra adjustments, they should contact their university team for help and advice. | | | |

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| What can the student pharmacist expect during the EL experience? (You may wish to include info on sector, patient group, structure of placement etc) |
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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 (optional)** |  | | | | |
| **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 will help your facilitator design and plan your EL placement more effectively to help meet your learning needs.

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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 all options that are applicable)**  Hospital Pharmacy  Community Pharmacy  Primary Care  Other – please give details:  **Pharmacy employment experience (please outline area of practice and role)**   |  | | --- | |  |   **Other pharmacy experience (for example, summer placement, voluntary work)**   |  | | --- | |  | |
| **2.** Please refer to the relevant EL placement framework in your Student Pharmacist EL Placement Handbook and tell us which tasks you wish to prioritise during this EL placement. |
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