



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.

Details for first day of EL Placement			
Location (including address):			
Name of contact:		Contact number:	
Start time:		Finish time:	
Note that Student Pharmacists are expected to attend EL placements for minimum core hours per day, defined as follows: • 9am-4.30pm (or equivalent onsite with half an hour lunch break) • 9am-5.00pm (or equivalent) onsite with one hour of rest break See the EL Facilitator Handbook for further details. 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 are 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.

What can the student pharmacist expect during the EL experience? (You may wish to include info on sector, patient group, structure of placement etc)

Section 2: To be completed by the Student Pharmacist

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	☐ Stage4
	☐ UoS	☐ Year 2	☐ Year 3	☐ Year 4	☐ Year 5
What previous EL placements have you undertaken on your course?	☐ Community	☐ Hospital	☐ Primary Care	☐ Specialist	

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.

About You

1. What are you hoping to gain from this placement?

2. Is there anything about your learning style that would help your facilitator support you?

Previous Experience

3. Outside the undergraduate course, do you have any previous experience in pharmacy, healthcare or other relevant settings, either paid or voluntary?

4. Reflecting on previous feedback from your EL placement(s), what did you do well and what areas of development do you have that you would like to build on during this placement?

Placement Expectations

5. In line with the EL placement framework in your Student Pharmacist EL Handbook, which tasks would you like to prioritise during this placement? Please note that not all activities will be achievable within this placement period.

6. Do you have any questions or concerns about the placement that we can help address before you start?

Support Needs

7. Are there any adjustments, support needs or circumstances that you would like us to be aware of to support your learning?

Practical Arrangements

8. Is there any additional information about the site, working day or practical arrangements that would be helpful to receive before your first day?

Anything Else?

9. Is there anything else you would like your facilitator to know before your placement begins?

