

**Record of feedback from working with and learning from others/inter-professional working**

**Students should record experiences gained in other areas and working with other members of the multi-disciplinary team. Entries must be verified with a Practice Supervisor's signature.**

**Date:**

**Placement area/spoke name:**

**Name of Practice Supervisor**

**Designation**

**Contact details (email/phone):**

**Learning experience mapped to practice standards and skill log / purpose of inter-professional experience. Record any specific skills taught/assessed and any practice standards achieved: e.g. What did you do? i.e. skill, What did you learn? i.e. knowledge, How will you relate this to practice?**

**Student reflection of learning experience: reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:**

**Practice Supervisor comments:**

**Number of hours:**

**Signature of practice supervisor:**