**Record of Alternative\* / Complementary\*/Spoke\*/ Short Experience\* Opportunities**

**\*Please indicate which type of experience**

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| --- | --- |
| **Students should record experience gained in other areas. Entries must be verified with a mentor / supervisor’s signature.** | |
| **Date of experience:** | **Supervisor** |
| **Experience Area Name:**  Contact person-Name and job title  Address  Tel no  Email contact | |
| **Purpose of experience and learning outcomes, mapped to practice standards and skills log.** | |
| **Record of experience**  Include short reflective account of what you have learnt  Comments from supervisor / other professionals  Name…………………………………signature…………………………….  Professional background……………………………… | |
| **Number of hours** | **Name of supervisor (please print)**  Signature of supervisor: |