**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 RN / supervisor’s signature.** | | |
| **Date of experience: from to** | | **Name of RN/Supervisor** |
| **Experience Area Name: Contact person-**Name and job title  Address  Tel no Email contact | | |
| **Student; Please identify the purpose of experience and learning outcomes you wish to achieve in this experience.** | | |
| **RN or supervisor; Please confirm the student’s learning aims and objectives are achievable and add any additional objective to be achieved during this experience.** | | |
| **At the end of the experience** | | |
| **Student; Please reflect on your learning during this experience** | | |
| **RN/Supervisor; Please comment on the student’s achievement during this experience and identify ongoing development for the next placement** | | |
| **RN’/Supervisor; Please identify any Practice standards or skills this experience can contribute towards.** | | |
| **Total Number of hours for the experience** | **Signature of RN/Supervisor:** | |