**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 titleAddressTel 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:** |