

Participant Name:

Completion Form 1 – Placement Completion Form

- The form is to be completed on the last day of placement at each host site and returned to the PEPA manager within 2 weeks of placement completion.
- The information in this form contributes to evidence for your reimbursement.

Participant Name:	
AHPRA Number (if applicable):	
Participant Workplace:	
Discipline:	
Phone/Mobile Number:	
Email Address:	
Postal Address to send certificate:	

	Hours completed at host site	Signature	Print Name	Date
Participant:				
PEPA Manager:				
Host Site 1 Name:			Mentor's Name:	
Host Site 2 Name (if applicable):			Mentor's Name:	
Host Site 3 Name (if applicable):			Mentor's Name:	

Participant Name:

Completion Form 2 – Reflection of Learning

- Form to be completed and emailed/sent to the PEPA Manager within 2 weeks of placement completion.

Now that you have time to reflect, go back to Section 2 of the *PEPA Learning Guide* and review each of your goals in your Pre-placement Learning Plan.

Have you met your initial goals? If they have changed, what may have influenced this?

List the key areas of learning and new skills you have acquired during your clinical placement.

Which of these new knowledge and new skills will you be able to take back to your own workplace?

Have you decided what your workplace activity will be? Write down an outline of what your activity will be. Remember the 250 word report on this activity is due within 3 months of placement completion.

Participant Name:

Completion Form 3 – Workplace Activity Reporting Template

- You may use this template or write a separate 250 word report to describe your workplace activity.
- The completed report is to be sent to the PEPA Manager within 3 months of placement completion.

Outline the activity that you have undertaken.

Where was the activity held and who participated?

In what way has or will your workplace activity influence the care of a person with a life-limiting illness in your or your colleagues care?

Participant Name:

Completion Form 3 – Workplace Activity Reporting Template continued

What went well with the activity?

How will you continue to share your knowledge and skills learned on your PEPA placements?

Name of workplace: _____

Participant's name: _____ Signature: _____ Date: _____

Workplace Manager: _____ Signature: _____ Date: _____