

Participant Name:
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**Reverse PEPA: Completion Form 1 – Placement Completion Form**

- The form is to be completed and signed by your mentor on the last day of placement 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:	
Participant Workplace:	
Discipline:	
Phone/Mobile Number:	
Email Address:	
Postal Address to send certificate:	

	Hours completed at host site	Signature	Date
Participant:			
PEPA Manager:			
Reverse PEPA Mentor's Name:			

Participant Name:
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**Reverse PEPA Completion Form 2 – Reflection of Learning**

- Form to be completed and emailed to the PEPA Queensland Manager within 2 weeks of placement completion.
- From Day 2 of your Reverse PEPA Placement, you will be given time to reflect on your learning goals. Go back to Section 2 of the *PEPA Learning Guide* and review each of your goals identified in your Pre-placement Learning Plan.

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

Day 2	Day 3	After completion of placement
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List the key areas of learning and new skills you have acquired during your clinical placement.

Day 1	Day 2	After completion of placement
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Which of these new knowledge and new skills will you be able to implement in your workplace?

Day 1	Day 2	After completion of placement
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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.

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Participant Name:
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**Reverse PEPA: 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.

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Where was the activity held and who participated?

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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?

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Participant Name:

**Reverse PEPA Completion Form 3 – Workplace Activity Reporting Template continued**

What went well with the activity?

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

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Name of workplace: \_\_\_\_\_

Participant's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Workplace Manager: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_