

Funded by the Australian Government Department of Health

Reverse PEPA – Workplace Activity Reporting Template



Checklist Reminder:

Use the form provided here (or write a separate 250-word report) to describe your workplace activity and send it to your PEPA Manager within three-months of placement completion.

Name of workplace:

Provide an outline of the activity

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 work setting?

What went well with the activity?

What could have been improved?

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

Workplace Manager's Name

Signature

Date

Participant's Name

Signature

Date