#### Sheffield Hallam University

#### Radiotherapy Oncology

#### Cause for Concern Form

|  |  |
| --- | --- |
| **Name of Student** |  |
| **Name of Placement Learning Tutor** |  |
| **Name of Practice Educator** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Form initiated by** |  | **Role** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of Concern** | | | |
| Evidence for concern *,* | | | |
| **Agreed action** | | | |
| **Signature of Placement Learning Tutor** | | | |
|  | | Date |  |
| **Signature of Practice Educator** | | | |
|  | | Date |  |
| Signature of student | | | |
|  | | Date |  |
| **Monitoring of progress on agreed action (Interim)** | | | Dates |
| Conclusion of process | | | |
|  | Date | |  |

**Quality Assurance Check**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Are there any broader issues that affect quality assurance? |  |  |
| 2. Are there any issues related to safe practice |  |  |
| 3. Has the matter been referred to an appropriate Board/Committee? |  |  |