**Sheffield Hallam University**

**AMHP PRACTICE LEARNING Mid- way Review**

**This should be discussed with reference to the Practice Learning Agreement.**

**Please complete and sign the form following the 4 way meeting.**

**Note any changes from the original agreement.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Contact no.** | **e-mail** |
| **AMHP Trainee** |  |  |  |
| **Practice Assessor/s** |  |  |  |
| **Agency link officer/ adviser** |  |  |  |
| **SHU Tutor** |  |  |  |
| **Line manager** |  |  |  |

**Placement address:**

**Placement telephone number:**

**AGREEMENT CONDITIONS**

1. **In signing this agreement all parties are bound by SHU AMHP course regulations as set out in the handbooks.**
2. **All info relating to the AMHP trainee during the assessment process will remain confidential to all parties concerned except where overridden by SHU regulations.**
3. **Learning support needs. Have any learning support needs been identified? What is in place to meet those needs?**

**Any issues with leave for ?**

**Trainee:**

**Practice Assessor:**

**Tutor:**

**4) Have arrangements for supervision been satisfactory?**

**5) Are any changes to the original plan needed?**

**Has support from another supervisor been needed? Any feedback to be noted?**

**Is there feedback from other practice assessor colleagues be involved in meeting specified learning needs?**

**6) Main learning opportunities already undertaken during the placement, and continuing casework :**

**7) Are learning opportunities appropriate?**

**8) Are they sufficient in range?**

**9) Are there any gaps identified and how could they be met?**

**10) Is trainee making progress towards evidencing competence?**

**11) Are there any concerns? If so what action is to be taken?**

**12. To be completed for all students.**

**Action plan for remaining placement.**

**13. End of placement meeting date.**

**14. Portfolio hand in date is:**

**Trainees, practice assessors and agency link officers have the assessment schedule for other pieces of work to be submitted.**

|  |  |  |
| --- | --- | --- |
|  | **Signed:** | **Date:** |
|  | **Trainee:** |  |
|  |  |  |
|  | **Practice Assessor:** |  |
|  |  |  |
|  | **Training Officer/ Adviser:** |  |
|  | **SHU Tutor:** |  |
|  | **Line Manager:** |  |