OCCUPATIONAL THERAPY PRACTICE MODULE:

Name of Student: Name of Practice Educator:

Placement Address:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category Of Placement (See List) | | | | |
| Circle as appropriate | **Practice Area** | Physical | Mental Health | Learning Difficulties |
| **Age Range** | Child or Adolescent | Working Age | Older Adult |
| **Location** | Community | Hospital | Both |
| **Service Type** | Social Service | NHS | 3rd Sector |

|  |  |  |  |
| --- | --- | --- | --- |
| DATES FROM/TO  \_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | HOURS ABSENT  (IF ANY) | HOURS WORKED  (INC. STUDY) | PRACTICE EDUCATOR INITIALS |
| WEEK 1 |  |  |  |
| WEEK 2 |  |  |  |
| WEEK 3 |  |  |  |
| WEEK 4 |  |  |  |
| WEEK 5 |  |  |  |
| WEEK 6 |  |  |  |
| WEEK 7 |  |  |  |
| WEEK 8 |  |  |  |
| WEEK 9 |  |  |  |
| WEEK 10 |  |  |  |
| WEEK 11 |  |  |  |
| TOTAL HOURS OF PRACTICE UNDERTAKEN | |  | |
| SIGNATURE OF PRACTICE EDUCATOR | | | |

*NB: Use week numbers as necessary i.e. if your placement is 9 weeks do not use weeks 10 & 11.*

X1 copy for student portfolio X1 copy for submission