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**Learning Agreement**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject (please tick):  AUDI90032  AUDI90033  AUDI90039

Placement (please tick):  1  2a  2b  3a  3b

Host Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Educator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placement Commencement Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Placement Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Complete this Learning Agreement at the beginning of the placement. Filling out the Learning Agreement together allows the student and the Clinical Educator to clearly communicate each other’s expectations of the placement, and discuss guidelines about supervision and feedback. The Learning Agreement also allows the student to list the specific areas and goals they would like to focus on during the placement, for negotiation with the CE. The student should review this Agreement at Mid Placement and revise accordingly.*

**1 Orientation**

*1.1 Student to provide a brief overview of experiences from past clinical placements / experiences*

Caseload (populations, ranges of practice, diagnoses, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Settings (hospital, community centre, home-based, etc.):

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Service Delivery (individual sessions, group sessions, consultations, assessments, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Strengths from previous placements / experiences:

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Specific areas for growth from previous placements / experiences:

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Other (consider relevant personal, professional and academic experiences e.g. undergraduate study, employment):

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*1.2 Clinical Educator to provide information about the current clinical placement*

Caseload (clients, ranges of practice, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Setting:

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Service delivery (individual / group sessions, direct / consultation, assessments, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other:

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**2 Expectations**

*2.1 Clinical Educator to outline work expectations*

Workload (expected of the student):

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Session plans (format and timing):

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Client files/note taking (format, templates, timing and responsibility):

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Reports (format, templates, and timing):

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Other (confirm placement days/ hours, absence processes, emergency contact, technology, quality improvement / assurance activities, professional development, timetabling):

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*2.2 Learning and Supervisory styles*

Notes about learning preferences and supervisory styles. Shared understanding of clinical education:

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*2.3 Feedback*

Clinical Educator to advise type, frequency and timing of feedback

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*2.4 Reflections and Self Evaluations*

Student and Clinical Educator to discuss activities that support student’s reflective skills

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**3 Personal considerations**

*The following is a (non-exhaustive) list of factors students may wish to share with the CE. CEs are encouraged to guide students with examples of their own where relevant e.g. self care plan.*

* Pronouns
* Religious / cultural requirements
* Health (mental and physical)
* Family / social circumstances
* Primary / additional languages
* Areas of interest
* Self-care plan for duration of placement

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Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Clinical Educator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Clinical Educator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_