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| **Activity** | **Proposed Date of Completion** | **Plan Agreed** | **Preceptee**  **Sign/Date** | **Preceptor/Clinician**  **Sign/Date** | **Completed** | **Preceptee**  **Sign/Date** | **Preceptor/Clinician**  **Sign/Date** |
| **RDaSH Induction** |  |  |  |  |  |  |  |
| **Local Induction** |  |  |  |  |  |  |  |
| **Mandatory Training**   1. **ILS** 2. **Moving and Handling** 3. **PMVA**   **4)(add any other that is applicable to your role)** |  |  |  |  |  |  |  |
| **Skills Essential to Role**  **1))(add any that are applicable to your role)** |  |  |  |  |  |  |  |
| **E Learning agreed as applicable to role** |  |  |  |  |  |  |  |