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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**  |   |   |   |   |   |   |   |