

Workplace Practice Assignment

Tutor: Tania Davies

Eportfolio

Miss. K. Jenkinson

02/05/2019

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Allow me to introduce myself, my name is Kathryn Jenkinson, I am a fulltime student, an Auxiliary Nurse, a mother, a business owner. I joined the Nursing Studies and health certificate at Carmarthen University as I initially wanted to progress onto the nursing degree and continue my career in the healthcare setting as a registered nurse. This seemed like the most natural course of progression for me, being an auxiliary nurse already and having 12 years' experience in this role. I enjoy my job very much; I interact with patients and ensure they have everything they require. I am always there if they need me and have nothing that is more important than them. Being a registered nurse would take a lot of this away from me as they are constantly on telephones and filling in paper work, I feel like nursing is what I do already, I don't want to complicate it with paper work, for a more responsible role and not a great deal more in the way of pay, with this in mind I have decided that being a registered nurse is not the ideal progression and so am not continuing my studies as a nurse. I have alternatively chosen a degree which I am interested in away from the healthcare setting, the BSC In Health Nutrition and Lifestyle. This opens a variety of avenues for me to pursue and am hoping it will lead me to a job within Nutrition or possibly a dietician role, through further completing an MSC in nutrition or similar. I have a keen interest in fitness and health since having open heart surgery two years ago and would like to be involved in

healthcare through nutrition and fitness as this is close to me and feel I could make a difference to people's lives before they get to a stage of being so unwell they need major intervention.

I have included in this portfolio two write ups from registered nurses who I work with on a regular basis, they very kindly each wrote a short email describing my work ethic and what it's like to work alongside me in the nursing environment. I have included documents which I am required to complete for most patients every shift and a short explanation of what these entail is also included. WPP forms given by the lecturer for my employer to complete, and lastly Work experience proof through means of timesheets, I work 20 plus hours a week for the NHS most weeks and have used this as evidence of my work experience.

Write up from two colleagues.

To: Kathryn Jenkinson (1809864) <1809864@student.uwtsd.ac.uk>;

Wpp

----- Forwarded message -----
From: riadaviesthomas <riadaviesthomas@gmail.com>
Date: Wed, 1 May 2019, 20:10
Subject: Reference
To: <poppyh25@gmail.com>

Dear whom this may concern,

It gives me great pleasure to recommend you a colleague whom I work alongside within Hywel Dda Health Board.

Kath has worked alongside myself within my current ward. Each time she has without fail given her all into her work and ensures all patient's are given the care that they need. As I work within a busy cardiology ward, Kath has always turned up to shifts on time, always enthusiastic about her job role and strives to better herself by pushing herself into complex situations that enhance learning.

Kath has a great amount of experience working within job role, she always provides recommendations to all members of staff when needed and focuses on bettering patients care. This demonstrates to us as a team that Kath is a hard worker and engages in team work well. Kath always focuses on patient centered care and always provides advocacy to all patients.

I would highly suggest Kath's work ethic to all future employers. Her charisma and expertise to nursing care is positive attribute to Kath.

Please feel free to contact me for further information, I would be grateful to answer all questions around Kath's great work ethic.

Yours Sincerely

Ria Davies (RGN)

Thu 02/05/2019 12:21

To: Kathryn Jenkinson (1809864) <1809864@student.uwtsd.ac.uk>;

Wpp

----- Forwarded message -----
From: elizabeth price <ej.price@hotmail.co.uk>
Date: Thu, 2 May 2019, 12:06
Subject:
To: poppyh25@gmail.com <poppyh25@gmail.com>

To whom it may concern.

I have worked with Kathryn Jenkinson over the past 5 years in her capacity as a Health Care Support worker on the acute medical ward that i work on.

I have always found that she is a hard and meticulous worker who is caring and compassionate to the patients, and considers their needs ensuring privacy and dignity is maintained at all times. She has always willingly undertaken the tasks asked of her by the ward staff but is able to say when a situation is beyond her capabilities or she feels that it is not appropriate for her to perform the task. She is always punctual and appropriately dressed and neat and tidy in apperance for work and has a cheerful personality which makes it a joy to work with her.

Yours sincerely,

Elizabeth Price

As an Auxiliary nurse for Hywel Dda Health Board, one of our roles is to ensure paperwork kept at the end of patient's bed are filled in correctly. This paperwork allows for good communication between members in the team. Good nursing records also help to identify any problems that may be arising with the patient (Stevens,2019).

One of the documents included in the paperwork is the Intentional rounding chart, this chart is usually completed every two hours unless specified otherwise by a healthcare professional such as the staff nurse. These forms indicate the patient's activities at that particular time. The time is noted, whether we checked pressure areas, if they were mobile, in bed or sat in the chair. You are required to document whether they required any toilet assistance and if they required any help with personal hygiene. Finally, there are a series of questions which are asked to the patient if they are awake or able to respond. These forms are an important asset to nursing care, it helps with ward organisation and ensures patients receive attention on a regular basis. Patients benefit by feeling less anxious and are more comfortable in the environment (Fitzsimons et al, 2019).

NEWS charts are another of the document which is regularly completed. They are for the recording of patient's blood pressure, Heart rate, respiratory rate, oxygen saturations and temperature. NEWS stands for National Early Warning Score, it is the tool used to identify clinical deterioration and is helpful in patient's safety and improving the patient's outcome (NHS, 2019).

Diabetic charts are used to document a patient, usually who is a diabetic to record the blood glucose levels. They enable the clinical team to monitor glucose levels and ensure the right medication is prescribed, this care of diabetes is a vital sign of patients with diabetes and the frequency of the checks are dependent on the patients needs (Association, 2019).

Fluid charts are also documents that are completed at the bedside, they indicate the patients intake of fluid and output of fluid. They are a valuable source of information for the healthcare professionals as they can help determine a prescription for intravenous fluids, it is important that these are filled in correctly for that reason. This can be sometimes challenging especially in patients who are confused or those who are incontinent (Vincent,2019).

References

Association, A. D. (2019, May Wednesday). Bedside Blood Glucose Monitoring in hospital. Retrieved from American diabetes association:
http://care.diabetesjournals.org/content/27/suppl_1/s104

Beverly Fitzsimons, A. B. (2019, May Wednesday). Intentional roundings : Its role in supporting essential care. Retrieved from Nursing Care:
<https://www.nursingtimes.net/roles/nurse-managers/intentional-rounding-its-role-in-supporting-essential-care/5032316.article>

Masaki Vincent, T. M. (2019, May Wednesday). Improvement of fluid balance monitoring through education and rationalisation. Retrieved from BMJ Journals: <https://bmjopenquality.bmj.com/content/4/1/u209885.w4087>

NHS. (2019, May Wednesday). National Early Warning Score, NEWS. Retrieved from NHS England: <https://www.england.nhs.uk/ourwork/clinical-policy/sepsis/nationalearlywarningscore/>

Sue Stevens, D. P. (2019, May Wednesday). Kepping good nursing records : a guide. Retrieved from NCBI:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC30336>



GIC
NHS

Ewrdd Iechyd Prifysgol
Hywel Dda
University Health Board

BLOOD GLUCOSE MONITORING CHART

Ward/Dept:

Frequency of Blood Glucose Monitoring-
At least 4 times a day for first 48 hours then re-assess

Addressograph

Frequency following assessment: Date: Time: Sig:

Frequency following assessment: Date: Time: Sig:

Frequency following assessment: Date: Time: Sig:

Frequency following assessment: Date: Time: Sig:

[illegible]

**DAILY
INTAKE-OUTPUT CHART**

(Record **MUST** be recorded on Weekly Chart)

24 HRS FROM 0700 ON..... TO 0600 ON.....

WARD

ADDRESSOGRAPH

INSTRUCTIONS FOR 24 HOURS - All intravenous/enteral fluid therapy and drugs must be administered as prescribed on the **ALL WALES PRESCRIPTION CHART**. The "Type" heading below refers to the particular fluid prescribed.

INSTRUCTIONS FOR 24 HOURS

	INTAKE					OUTPUT						
Time	Intravenous/Enteral Fluids				Oral		Urine		Gastric		Wound Drainage	Bowel
	Type Intravenous/Enteral	Vol. Set up	IV Vol. Given	E Vol. given	Vol.	Type	Vol.	Running Total	Vol.	Running Total	Vol.	Type
c/f												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
12 Hr Total												
19												
20												
21												
22												
23												
24												
1												
2												
3												
4												
5												
12 Hr Total												
24 Hr Total												

TOTAL INPUT: mls

FLUID BALANCE +/-: mls

TOTAL OUTPUT: mls

This document is to be used in conjunction with the patient's risk assessments and care plan.

Frequency of Patient Observation	1-2 Hourly	2-4 Hourly	Twice Daily	Daily
Registered Nurse to Initial				
Skin Check/ Positioning/ Surface Contingence				
Mouth Care				
Intentional Rounding				



GIG NHS Wales
Bwrdd Iechyd Prifysgol Hywel Dda
University Health Board

1. Patient Identification Label

Skin Bundle & Intentional Rounding

Registered Nurse to review at minimum every 4 hours or greater if patient condition changes.

X		Declined/Refused		CX		Clinical condition won't allow		AS		Asleep	
---	--	------------------	--	----	--	--------------------------------	--	----	--	--------	--

X	Declined/Refused	CX	Clinical condition won't allow	AS	Asleep
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Year:	Date:
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[illegible][illegible]

SKIN CHECK

[illegible]

Anti-embolic Stockings:	N/A	Not applicable	Skin	S
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[illegible][illegible][illegible]

SURFACE

[illegible]

KEEP MOVING/POSITIONING

[illegible]

CONTINENCE (Continenace Bundle)

[illegible]

CONTINENCE PRODUCTS (Refer to product selection guide)

[illegible]

PERSONAL HYGIENE

[illegible]

MOUTH CARE

[illegible]

INTENTIONAL ROUNDING

NUTRITION/HYDRATION (If applicable, use in conjunction with All Wales food and fluid charts)

[illegible]

ONS	Oral Nutritional Supplements	EF	Enteral Feeding
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ENVIRONMENT (Please tick or use appropriate code) * If NO footwear available document actions in the record of care/relevant care plan.

[illegible][illegible][illegible][illegible][illegible]

PATIENT COMFORT: Tick if you have asked patient and document concerns in the nursing record or care plan							
Are you comfortable?							

[illegible]

Is there anything else I can do for you?

[illegible][illegible]

Reviewer Initials (Registered Nurse)							
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Patient identification label		Frequency of Observations – minimum frequency unless otherwise stated		Hospital :	Chart Number:	 GIG NHS Bwrdd Iechyd Prifysgol Hywel Dda University Health Board	
		ED/ACDU/CDU	Minimum of 4 hourly	Ward	Date & Time of admission/transfer		
		In-pt wards	Minimum of 12 hourly			Special Instructions	
		Mental Health	Minimum of weekly				
		Community	Minimum of daily				
Year ()	DD/MM						
Use 24 hour clock	Time						
Frequency of Observations	Hours						
Respiratory Rate	≥25	3				3	
Observe respirations for one full minute	21-24	2	22			2	
	12-20	0				0	
	9-11	1				1	
	≤8	3				3	
Oxygen therapy (Record as litres)	Any O ₂	2	2			2	
O₂ device used (see key)		0	NC			0	
Oxygen Saturation (record as %)	≥96	0	97			0	
	94-95	1				1	
	92-93	2				2	
	≤91	3				3	
	≥161	3				3	
	151-160	3				3	
Palpate radial pulse for one full minute	141-150	3				3	
	131-140	3				3	
	121-130	2				2	
	111-120	2				2	
	101-110	1				1	
	91-100	1				1	
	81-90	0				0	
	71-80	0				0	
	61-70	0				0	
	51-60	0				0	
	41-50	1				1	
	31-40	3				3	
Blood Pressure (record systolic and diastolic readings in relevant boxes)	≤30	3				3	
	≥220	3				3	
	211-219	0				0	
	201-210	0				0	
	191-200	0				0	
	181-190	0				0	
	171-180	0				0	
	161-170	0				0	
	151-160	0				0	
	141-150	0				0	
	131-140	0				0	
	121-130	0				0	
Note: measure BP manually if any of the following present: • Muscle tremors • Weak pulse • Abnormal heart rhythms including atrial fibrillation and bradycardia • Vascular disease • Hypertension	111-120	0				0	
	101-110	1				1	
	91-100	2				2	
	81-90	3				3	
	71-80	3				3	
	61-70	3				3	
	51-60	3				3	
	41-50	3				3	
	Level of Conscious (AVPU)	Alert	0				0
	Voice	3					3
	Pain	3					3
	Unresponsive	3					3
New/ worsening confusion	3					3	
Temperature	≥39.1	2				2	
	38.1-39	1	38.1			1	
	37.1-38	0				0	
	36.1-37	0				0	
	35.1-36	1				1	
	≤35	3				3	
Total NEWS score		6					
Urine passed= U Bowels opened= B			U/B				
Pain - Abbey(A) Nil(0) Mild(1) Moderate(2) Severe(3)			0				
Nausea = N Vomiting = V							
Action Required by Registered Nurse for NEWS 3 or more – To be completed for new news score of 3 or more and thereafter at least once a shift.							
Sign of new infection and/or deterioration (chemotherapy 1hr if yes see sepsis bundle)							
Document Blood Glucose							
Increase Monitoring Frequency Y/N							
Start/Review fluid balance chart Y/N							
On Opiates – consider & document sedation score (refer to screening tool)							
Dr informed Y/N (if yes – complete SBAR)							
Glasgow Coma Scale							
8 ● 7 ● 6 ● 5 ● 4 ● 3 ● 2 ●	Eye opening	Spontaneous	4			4	
		To speech	3			3	
		To pain	2			2	
		Nil	1			1	
	Verbal	Orientated	5			5	
		Confused conversation	4			4	
		Inappropriate words	3			3	
		Incomprehensible sounds	2			2	
	Motor	Obey commands	6			6	
		Localise pain	5			5	
		Withdrawal to pain	4			4	
		Flexion to pain	3			3	
Pupils	Extension to pain	2			2		
	Nil	1			1		
	Right	Size					
	Reaction						
Total	Left	Size					
	Reaction						
	unregistered recorder initials	JJ					
	registered nurses reviewers initials	SH					

PLACEMENT RISK ASSESSMENT (worked example of PL1E)

Placement Provider	Student or student group	Start Date	End Date
Company: Davies and Jones Accountants Location: Llanelli, Carmar	Jack Counter	1 st May 2015	31 st Aug 2015
General Control Measures	Yes / No	Actions Necessary?	Action Completed
Has the student received sufficient briefing?	Yes		
Has the student submitted a signed PL1C Student Placement Agreement?	Yes		
Has the placement provider returned a signed PL1A Placement Provider Agreement and PV1B Health and Safety Questionnaire?	Yes		
Has this provider been used before and been reviewed?	Yes		
If yes, do any concerns remain unresolved?	No		
Risk Profiling & Further Actions Required	Risk Profile High, Med, Low	Actions Necessary?	Action Completed
Individual Student Factors - Skills, abilities, pre-existing medical conditions, disability, etc.	Low		
Work Factors - <i>Risks associated with student's expected work activities.</i>	Low		
Location and/or Region - <i>Crime, civil disorder, remote working, etc.</i>	Low		
Insurance limitations - <i>Provider has adequate insurance in place to cover student on placement.</i>	Low		
General / Environmental Health Factors - <i>Very hot or cold working conditions, inoculations required, etc</i>	Low		
Travel & Transportation - <i>Commuting to/from work & driving for work purposes.</i>	Low		
Safeguarding - <i>Work with children or vulnerable adults.</i>	Low		
Conclusion	Yes / No	Action Necessary?	Action Completed
Is a site safety visit required before placement is approved?	No		
Are risks acceptable / tolerable such that the placement can be approved?	Yes		

PLACEMENT APPROVAL

I approve this placement.

Signed:	John O'Groats		
Name in block capitals:	JOHN O'GROATS		
Position:	Placement Organiser	Date:	3 rd March 2015

APPENDIX PL1A

Students are required to:

Prior to placement: students cannot commence a placement until they have completed all the necessary preparatory work detailed below, and received authorisation from the Placement Coordinator. Students are required to:

- a) Identify a suitable placement (with the exception of students following a professionally accredited programme).
- b) Attend placement preparation briefings, including health and safety.
- c) Complete a Disclosure and Barring Service (DBS) check, if required. The student will retain the original and submit a copy to the University. The student must make the Placement Provider aware of any issues arising from the DBS check and discuss any convictions with the Placement Coordinator.
- d) Complete the ethics approval processes, where relevant.
- e) Have a dialogue with the Placement Coordinator or Placement Tutor to clarify placement requirements, expected learning outcomes and assessment requirements.
- f) Inform the Placement Coordinator and Placement Provider of any personal factors (e.g. health, disability, linguistic or cultural) that may affect the level of risk or may require adjustments.
- g) Complete the defined placement registration and approval process in full. See Appendix PL1C Student Placement Agreement.
- h) Confirm acceptance of the arrangements and responsibilities set out in Appendix PL1C Student Placement Agreement.

During the placement the student is required to:

- a) Comply with all rules regarding health and safety requirements, and other practices and procedures of the placement organisation.
- b) Report to the University any incidents in which s/he is involved and any health and safety concerns that are not addressed by the Placement Provider, e.g. in the event that appropriate induction and health and safety training is not provided.
- c) Carry out the work programme specified by the Placement Provider under the supervision of the Workplace Supervisor.
- d) Keep a log of hours worked.
- e) Monitor his/her progress in achieving the identified learning outcomes and discuss these regularly with the Workplace Supervisor and Placement Tutor, as appropriate.
- f) Conduct him/herself in an appropriate manner within the relevant ethical framework, ensuring confidentiality and treating others with respect and dignity.
- g) Act in a professional manner, including notifying the Placement Provider in a timely fashion in the event that he/she is unable to attend their placement due to illness etc.
- h) Respect any other requirements of the workplace such as dress codes.
- i) Notify their Placement Coordinator or Tutor should any issues of concern arise.
- j) Consult with the Placement Coordinator or Tutor prior to seeking any changes in the terms and duration of the placement.
- k) Complete all relevant academic coursework relating to the placement experience.

Factor	Rating Profile	Risk Indicators	Examples of Specific Actions Necessary to Reduce Risk
WORK FACTORS	High	Work with hazards that have potential to cause permanent injury or fatality, including: - Construction site work, forestry, agricultural, motor vehicle repair; - Metal/wood workshops (operation of machinery with mechanical hazards e.g. high speed rotating parts, crushing, entanglement risks, etc.); - Lab or other work with toxic / hazardous materials. Community / social work / journalism with known high risk groups/clients e.g. drug abusers, homeless, violent patients. Work with animal bedding, large or dangerous animals. Activities requiring specific licenses or qualifications (e.g. diving, flying, etc.). Work involving significant hazards in small companies that do not have professional health and safety advice.	Appendix PL1A Placement Provider Agreement (signed and returned); Appendix PL1B Placement Provider Health and Safety Questionnaire (signed and returned); Appendix PL1C Student Placement Agreement; Seek confirmation from Provider about expectations of students competency in high risk activities, and ensure student meets these; Confirm that training and supervision will be provided by the Provider throughout the placement; Include details in the written communication with the Provider; Pre-placement visit maybe required; Provision of specific workplace H&S information to students; Specific H&S briefing session. Placement must not commence if remaining risk is still high
	Medium	Working in proximity to high risk factors (but not directly with them).	Appendix PL1A Placement Provider Agreement (signed and returned); Appendix PL1B Placement Provider Health and Safety Questionnaire (signed and returned); Appendix PL1C Student Placement Agreement; Seek confirmation in writing from Provider that the student will not be expected to participate in high risk activities, and will be appropriately supervised in medium risk activities; Specific risk assessment may be required dependent on response; Provision of generic workplace H&S information to students.

Factor	Rating profile	Risk Indicators	Examples of Specific Actions Necessary to Reduce Risk
LOCATION / REGIONAL FACTORS	High	Significant risk of civil disorder, crime or similar danger. Unavoidable lone / remote working in an area of significant risk. Medical & rescue services not readily available. Means of communications likely to be difficult or compromised.	Appendix PL1A Placement Provider Agreement (signed and returned); Appendix PL1B Placement Provider Health and Safety Questionnaire (signed and returned); Appendix PL1C Student Placement Agreement; Check Foreign and Commonwealth Office restrictions and recommendations; Further research and advice required; Consult guides on appropriate behaviour, clothing, etc. Specific risk assessment required; Pre-placement visit maybe required; Specific H&S briefing session; Placement must not commence if remaining risk is still high
	Medium	Higher than normal risk of civil disorder, crime or similar danger. Delays likely in communicating with tutors / others. Placements abroad in areas identified as low risk by the Foreign and Commonwealth Office (FCO).	Appendix PL1A Placement Provider Agreement (signed and returned); Appendix PL1B Placement Provider Health and Safety Questionnaire (signed and returned); Appendix PL1C Student Placement Agreement; Check FCO restrictions and recommendations; Further research and advice required; Provide information to students on guides on appropriate behaviour, clothing, etc. Supplement general briefing with information about medium factors; Specific risk assessment may be required; Provision of generic workplace H&S information to students.
	Low	Placements with no significant local risks.	Appendix PL1A Placement Provider Agreement (signed and returned); Appendix PL1B Placement Provider Health and Safety Questionnaire (signed and returned); Appendix PL1C Student Placement Agreement; No special measures required, generic placement risk assessment Provision of generic workplace H&S information to students

APPENDIX PL1D

	Low	Office based type activities, administration, education, retail, design studios, IT or other low hazard environments and activities.	Appendix PL1A Placement Provider Agreement (signed and returned); Appendix PL1B Placement Provider Health and Safety Questionnaire (signed and returned); Appendix PL1C Student Placement Agreement; No special measures required, generic placement risk assessment Provision of generic workplace H&S information to students
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APPENDIX PL1D

Factor	Rating profile	Risk Indicators	Examples of Specific Actions Necessary to Reduce Risk
LOCATION / REGIONAL FACTORS	High	Significant risk of civil disorder, crime or similar danger. Unavoidable lone / remote working in an area of significant risk. Medical & rescue services not readily available. Means of communications likely to be difficult or compromised.	Appendix PL1A Placement Provider Agreement (signed and returned); Appendix PL1B Placement Provider Health and Safety Questionnaire (signed and returned); Appendix PL1C Student Placement Agreement; Check Foreign and Commonwealth Office restrictions and recommendations; Further research and advice required; Consult guides on appropriate behaviour, clothing, etc. Specific risk assessment required; Pre-placement visit maybe required; Specific H&S briefing session; Placement must not commence if remaining risk is still high
	Medium	Higher than normal risk of civil disorder, crime or similar danger. Delays likely in communicating with tutors / others. Placements abroad in areas identified as low risk by the Foreign and Commonwealth Office (FCO).	Appendix PL1A Placement Provider Agreement (signed and returned); Appendix PL1B Placement Provider Health and Safety Questionnaire (signed and returned); Appendix PL1C Student Placement Agreement; Check FCO restrictions and recommendations; Further research and advice required; Provide information to students on guides on appropriate behaviour, clothing, etc. Supplement general briefing with information about medium factors; Specific risk assessment may be required; Provision of generic workplace H&S information to students.
	Low	Placements with no significant local risks.	Appendix PL1A Placement Provider Agreement (signed and returned); Appendix PL1B Placement Provider Health and Safety Questionnaire (signed and returned); Appendix PL1C Student Placement Agreement; No special measures required, generic placement risk assessment Provision of generic workplace H&S information to students

Factor	Rating profile	Risk Indicators	Examples of Specific Actions Necessary to Reduce Risk
GENERAL / ENVIRONMENTAL HEALTH FACTORS	High	Placements where mandatory / specific health protection measures required (e.g. inoculations, respiratory equipment, etc.). Very hot or strenuous working conditions (e.g. manual working outdoors in sun). Very cold working conditions (e.g. cold storage/cook chill or freeze facility).	Appendix PL1A Placement Provider Agreement (signed and returned); Appendix PL1B Placement Provider Health and Safety Questionnaire (signed and returned); Appendix PL1C Student Placement Agreement; Liaison with Provider on requirements; Confirm these in the written communication with the Provider; Specific risk assessment required; Specific H&S briefing session; Provision of specific workplace H&S information to students. Placement must not commence if remaining risk is still high
	Medium	Some precautionary measures required (e.g. optional inoculations, etc.).	Appendix PL1A Placement Provider Agreement (signed and returned); PL1B Placement Provider Health and Safety Questionnaire (signed and returned); Appendix PL1C Student Placement Agreement; Liaison with Provider on requirements; Confirm these in the written communication with the Provider; Specific risk assessment may be required; Provision of generic workplace H&S information to students.
	Low	No significant environmental health risks.	Appendix PL1A Placement Provider Agreement (signed and returned); Appendix PL1B Placement Provider Health and Safety Questionnaire (signed and returned); Appendix PL1C Student Placement Agreement; No special measures required, generic placement risk assessment; Provision of generic workplace H&S information to students.



PLACEMENT RISK ASSESSMENT (worked example of PL1E)

Placement Provider	Student or student group	Start Date	End Date
Company: Davies and Jones Accountants Location: Llanelli, Carmar	Jack Counter	1 st May 2015	31 st Aug 2015
General Control Measures	Yes / No	Actions Necessary?	Action Completed
Has the student received sufficient briefing?	Yes		
Has the student submitted a signed PL1C Student Placement Agreement?	Yes		
Has the placement provider returned a signed PL1A Placement Provider Agreement and PV1B Health and Safety Questionnaire?	Yes		
Has this provider been used before and been reviewed?	Yes		
If yes, do any concerns remain unresolved?	No		
Risk Profiling & Further Actions Required	Risk Profile High, Med, Low	Actions Necessary?	Action Completed
Individual Student Factors - Skills, abilities, pre-existing medical conditions, disability, etc.	Low		
Work Factors - <i>Risks associated with student's expected work activities.</i>	Low		
Location and/or Region - <i>Crime, civil disorder, remote working, etc.</i>	Low		
Insurance limitations - <i>Provider has adequate insurance in place to cover student on placement.</i>	Low		
General / Environmental Health Factors - <i>Very hot or cold working conditions, inoculations required, etc</i>	Low		
Travel & Transportation - <i>Commuting to/from work & driving for work purposes.</i>	Low		
Safeguarding - <i>Work with children or vulnerable adults.</i>	Low		
Conclusion	Yes / No	Action Necessary?	Action Completed
Is a site safety visit required before placement is approved?	No		
Are risks acceptable / tolerable such that the placement can be approved?	Yes		

PLACEMENT APPROVAL

I approve this placement.

Signed:	John O'Groats		
Name in block capitals:	JOHN O'GROATS		
Position:	Placement Organiser	Date:	3 rd March 2015

PLACEMENT RISK ASSESSMENT (worked example of PL1E)

Placement Provider	Student or student group	Start Date	End Date
Company: Giles's Farm Location: Carmarthen	Annette Curtin	1 st May 2015	31 st Aug 2015
General Control Measures	Yes / No	Actions Necessary?	Action Completed
Has the student received sufficient briefing?	Yes		
Has the student submitted a signed PL1C Student Placement Agreement?	Yes		
Has the placement provider returned a signed PL1A Placement Provider Agreement and PV1B Health and Safety Questionnaire?	Yes		
Has this provider been used before and been reviewed?	Yes		
If yes, do any concerns remain unresolved?	No		
Risk Profiling & Further Actions Required	Risk Profile High, Med, Low	Actions Necessary?	Action Completed
Individual Student Factors - <i>Skills, abilities, pre-existing medical conditions, disability, etc.</i>	Medium. Student has declared allergies.	Student advised to see GP and inform provider of allergy issues	Yes
Work Factors - <i>Risks associated with student's expected work activities.</i>	High. Will be using tractor and other farm machinery and working with cattle	Check Placement Provider's risk assessments and safe systems of work for the farm and the farm's activities.	Yes
Location and/or Region - <i>Crime, civil disorder, remote working, etc.</i>	Low		
Insurance limitations - <i>Provider has adequate insurance in place to cover student on placement.</i>	Medium	Check the provider's insurance re tractor driving	Yes
General / Environmental Health Factors - <i>Very hot or cold working conditions, inoculations required, etc</i>	Medium. Work with cattle, hay, straw, bedding	Refer to Student Services for occupational health advice.	Yes
Travel & Transportation - <i>Commuting to/from work & driving for work purposes.</i>	High. Will be using tractor and other farm machinery both on and off road	Check Placement Provider's insurance cover and training and instruction to be provided.	Yes
Safeguarding - <i>Work with children or vulnerable adults.</i>	Low		Yes
Conclusion	Yes / No	Action Necessary?	Action Completed
Is a site safety visit required before placement is approved?	Yes	Senior lecturer in Agriculture to visit site	Yes. Visited 3/4/15
Are risks acceptable / tolerable such that the placement can be approved?	Yes	Review findings of above actions	Yes

PLACEMENT APPROVAL

I approve this placement.

Signed:	John O'Groats		
Name in block capitals:	JOHN O'GROATS		
Position:	Placement Coordinator	Date:	4 th April 2015



STUDENT PLACEMENT AGREEMENT

STUDENT CONTACT INFORMATION

Student Name:	Kathryn Jenkins	Student number:	1809864
Mobile Telephone:	07452888770		
University e-mail:	1809864@student.vntsd.ac.uk		
Personal e-mail:	poppyh25@gmail.com		
Emergency contact and relationship:	0554 401412 Partner	Tel:	0554 401412

CONFIDENTIAL STUDENT HEALTH INFORMATION:

	YES	NO
1. Do you currently have or have you previously had any form of asthma; diabetes; epilepsy; heart disease; nervous or mental illness; rheumatic fever; stroke; tuberculosis?	✓	
2. Do you currently have or have you previously had any other form of serious illness or operation that may affect your or others health and safety whilst on placement?		✓
3. Are you currently receiving medical treatment and/or medication?		✓
4. Are you visually impaired/blind?		✓
5. Are you hard of hearing/deaf?		
6. Disability - 'a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day duties'.		✓
Do you consider yourself to have a disability as defined in the Single Equality Act 2010?		
If the answer to any of the questions above is "yes", please give further details as to the nature of your circumstances. Please include dates. Open heart Surgery on 26/10/17 for Severe muscular Right ventricle outflow tract obstruction		
Name, address and contact details of your doctor (for emergency use):		

To protect your health and safety it is imperative that you notify us of any disability or condition that may impact upon health and safety during work placement. If you fail to disclose this it may place you at a disadvantage and impact upon your own health and safety.

Dear Student**Re: Work Experience Placement**

Welcome to the UWTSD Placement! Quality work experience is vital to equip you for your future career and will enhance your employability. We hope you will learn from this placement the skills and competencies specific to your discipline or profession as well as more general work-related and employability skills (time management, team working, communications skills, etc.).

Would you please complete the previous sections of this document, ensuring that full and correct information is provided?

Student placements are a partnership between the student, the University and the Placement Provider in which each has specific roles and responsibilities. It is important that all three parties clearly understand the responsibilities and expectations of everyone involved and so the responsibilities are detailed below.

Prior to placement: students cannot commence a placement until they have completed all the necessary preparatory work detailed below, and received authorisation from the Placement Coordinator. Students are required to:

- a) Identify a suitable placement (with the exception of students following a professionally accredited programme).
- b) Attend placement preparation briefings, including health and safety.
- c) Complete a Disclosure and Barring Service (DBS) check, if required. The student will retain the original and submit a copy to the University. The student must make the Placement Provider aware of any issues arising from the DBS check and discuss any convictions with the Placement Coordinator.
- d) Complete the ethics approval processes, where relevant.
- e) Have a dialogue with the Placement Coordinator or Placement Tutor to clarify placement requirements, expected learning outcomes and assessment requirements.
- f) Inform the Placement Coordinator and Placement Provider of any personal factors (e.g. health, disability, linguistic or cultural) that may affect the level of risk or may require adjustments.
- g) Complete the defined placement registration and approval process in full. See Appendix PL1C Student Placement Agreement.
- h) Confirm acceptance of the arrangements and responsibilities set out in Appendix PL1C Student Placement Agreement.

During the placement the student is required to:

- a) Comply with all rules regarding health and safety requirements, and other practices and procedures of the placement organisation.
- b) Report to the University any incidents in which s/he is involved and any health and safety concerns that are not addressed by the Placement Provider, e.g. in the event that appropriate induction and health and safety training is not provided.
- c) Carry out the work programme specified by the Placement Provider under the supervision of the Workplace Supervisor.
- d) Keep a log of hours worked.
- e) Monitor his/her progress in achieving the identified learning outcomes and discuss these regularly with the Workplace Supervisor and Placement Tutor, as appropriate.

APPENDIX PL1C

- f) Conduct him/herself in an appropriate manner within the relevant ethical framework, ensuring confidentiality and treating others with respect and dignity.
- g) Act in a professional manner, including notifying the Placement Provider in a timely fashion in the event that he/she is unable to attend their placement due to illness etc.
- h) Respect any other requirements of the workplace such as dress codes.
- i) Notify their Placement Coordinator or Tutor should any issues of concern arise.
- j) Consult with the Placement Coordinator or Tutor prior to seeking any changes in the terms and duration of the placement.
- k) Complete all relevant academic coursework relating to the placement experience.

The Placement Provider will:

- a) Confirm acceptance of the arrangements and responsibilities set out in Appendix PL1A Placement Provider Agreement.
- b) Provide a safe working environment. Comply with health and safety legislation and define the liability and other insurance cover that will be provided for the activities of the student, with regard to the student and to others who could be affected by the student's actions or inactions. See Appendix PL1B Placement Provider Health and Safety Questionnaire.
- c) Provide a designated Workplace Supervisor who will:
 - a. act as the first point of contact for any problems or queries during a student's placement and contact the University immediately in cases of serious accidents, incidents or breaches of discipline involving the student;
 - b. conduct or make arrangements for the day-to-day supervision of the student including periodic progress checks and instruction regarding hazards and health and safety precautions;
 - c. provide the University with student attendance data, where required.
- d) Provide the student with a full and clear induction to the organisation and its working practices, procedures and requirements, including health and safety arrangements, how to report accidents, incidents and unsafe conditions. See Appendix PL1F Induction Checklist.
- e) Ensure that the student is fully informed about responsibilities, including those contained in any statutory legislation and/or honorary contract.
- f) Provide the student with appropriate instruction and training in working practices to enable him/her to carry out his/her duties efficiently and safely.
- g) Work with the student to identify appropriate learning outcomes for the placement (these must be agreed by the student, the Workplace Supervisor and the University).
- h) Facilitate access to the student for visits by the Placement Tutor, where appropriate.
- i) Ensure that the student is treated with respect.
- j) During and on completion of the placement, provide feedback to the University on the student's performance and confirmation of the hours in practice, where required.

The University of Wales Trinity Saint David will:

- a) Commit appropriate levels of staff and other resources to placement governance activity to ensure strategic oversight for the learning to be delivered and managed by the Placement Provider. This may include the identification of (i) a Placement Coordinator, whose duties would normally include the authorisation of placements and organising/managing the placement arrangements, in liaison with the Placement Provider and student, and (ii) a Placement Tutor, who will act as the first point of contact, visit the student on placement, where appropriate, and/or assess the student.
- b) Ensure that any placement learning that forms part of a programme of study has associated learning outcomes which:
 - are clearly defined;
 - contribute appropriately to the overall aims of the programme;
 - are appropriately assessed. In cases where it is considered appropriate for the assessment be jointly conducted by the University and the Placement Provider, the Placement Tutor will work with the Workplace Supervisor to establish and document the procedure by which this shall be achieved.
- c) Assess the suitability of a proposed placement through appropriate and proportionate placement due diligence procedures, using a risk-based assessment process. The approval process will require the Placement Coordinator to undertake a Risk Profile for each placement using the PL1D Placement Risk Profiling Guidance, and record the outcomes in Appendix PL1E Risk Assessment. This risk assessment activity will include consideration of the information supplied in Appendix PL1A Placement Provider Agreement, Appendix PL1B, Placement Provider Health and Safety Questionnaire and Appendix PL1C Student Placement Agreement.
- d) Negotiate reasonable adjustments with the Placement Provider in the case of a student assessed under the Equality Act, 2010.
- e) Provide specialist advice and guidance for students with additional support needs.
- f) Clearly define appropriate points of contact and lines of communication between the University, the Placement Provider and the student. These should include:
 - i. Mechanisms for the Placement Provider to raise concerns or complaints about any aspect of the placement, including an individual student's performance or conduct.
 - ii. University emergency contact details.
- g) Retain a full and detailed record of each placement.
- h) Provide students with appropriate briefing, including health and safety, prior to commencement of any placement.
- i) Monitor all placement activity, ensuring that milestones are established, maintained and records, and identifying and addressing issues of concern and sharing good practice.
- j) Arrange appropriate opportunities for gathering feedback from students, Placement Providers and Placement Tutors, including suggestions for improvement. See Appendix PL1G.

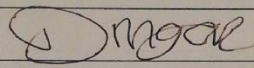
APPENDIX PL1B

d)	Will you report to the University any sickness involving our students which may be attributable to the work?	☒	
7	Contact Personnel		
	Who is your nominated contact for compliance with these requirements of health and safety legislation?		
	Name:		
	Position:		

CONFIRMATION

I confirm that the preceding information is correct to the best of my knowledge. I confirm also that the student will receive:

- Induction briefing on their first day of attendance.
- Appropriate training and supervision in relation to their placement.

Signed:			
Name in block capitals:	Donna MASAL		
Position:	Assistants nurse bank Manager	Date:	3/4/15

Thank you for completing this questionnaire. Please return it as soon as possible to the Placement Coordinator (contact details on page one)

PLACEMENT PROVIDER HEALTH AND SAFETY QUESTIONNAIRE

		Yes	No
1.	Does your organisation have a written health and safety policy? If no, please give reason:	☒	☐
2.	Do you have a policy regarding health and safety training for people working in your undertaking, including use of vehicles and equipment, and will you provide all necessary health and safety training for our placement student(s)? If no, please give reason:	☒	☐
3.	Is the organisation registered with:		
	a) The Health and Safety Executive?	☒	☐
	b) The Local Authority Environmental Health Department?	☒	☐
	c) The relevant authority in your country (if outside the UK)?	☒	☐
	d) The relevant National Governing Body Registration number:		
	Last assessment date:	11	
4.	Insurance (UK Placements)		
	a) Is Employer Liability Insurance held?	☒	☐
	b) Is Public Liability Insurance held?	☒	☐
	c) Will your insurance cover any liability incurred by a student as a result of attendance at your course/training sessions?	☒	☐
5.	Insurance (EU/International Placements, i.e. non-UK)		
	a) Will your insurance cover liability for injuries or sickness suffered by placement students attributable to their duties with your organisation?	☒	☐
	b) Will your insurance cover liability incurred by the student for injuries to other parties (including their co-workers) or property damage arising from their duties with your organisation?	☒	☐
	c) Will your insurance cover any liability incurred by a student as a result of attendance at your course/training sessions?	☒	☐
6.	Risk Assessment		
	a) Have you carried out risk assessment of your work practices to identify possible risks, to employees and to others within your undertaking?	☒	☐
	b) Are there effective control measures in place for the risks?	☒	☐
	c) Are risk assessments kept under regular review?	☒	☐
	d) Are the results of risk assessment implemented?	☒	☐
	e) Will the student be undertaking any higher risk activities? (If Yes, please provide copies of your health & safety policy and insurance certificates when returning this form)	☒	☐
6.	Accidents and Incidents		
	a) Is there a formal procedure for reporting and recording accidents and incidents (in accordance with RIDDOR in the UK or other country legislation if an international placement)?	☒	☐
	b) Have you procedures to be followed in the event of serious and imminent danger to people undertaking courses/training?	☒	☐
	c) Will you report to the University all recorded accidents involving our students?	☒	☐



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

PLACEMENT PROVIDER HEALTH AND SAFETY QUESTIONNAIRE

Name of provider's organisation:	Hwael ddh university healthboard		
Placement Site Address:	Hafon Derwen St Davids Park Carmarthen		
Workplace Supervisor Name (or other provider contact):	Donna MAJOR		
Workplace Supervisor (or contact) Position:	Assistant Nurse bank Manager		
Telephone:	01267 239 842		
E-mail:	donna.major@uwtd.ac.uk		
Name of student(s):			
Duration of Placement:	— (Bank)	Start Date:	2008

Dear Placement Provider

Re: Health and Safety for Work Placements

The University of Wales Trinity Saint David has a duty of care to ensure, so far as is reasonably practicable, the health and safety of our students whilst on placement. We ask for your assistance in meeting this obligation by completing this questionnaire and supplying (if requested), a copy of your health and safety policy and insurance certificates.

I'd be grateful if you would return the documents either by postal mail or email to the contact details below.

If you have any questions or problems, please don't hesitate to get in touch.

Yours sincerely

Tania Davies
Placement Coordinator
Ysgol Chwaraeon, Iechyd ac Addysg Awyr Agored / School of Sport, Health and Outdoor Education
Prifysgol Cymru Y Drindod Dewi Sant / University of Wales Trinity Saint David
Stryd Fawr / High Street
Abertawe / Swansea SA1 1NE
Ffôn / Tel: 01792 481196 (Swansea) Estyniad/ Extension: 4196
Ffôn / Tel: 01267 225117 (Carmarthen)
ebost/email: tania.davies@uwtsd.ac.uk

BANK TIMESHEET

FOR COMPLETION BY BANK MEMBER

Please complete using black pen and block capitals as per example overleaf.

Forename(s) KATHRYN

Surname JENKINSON

Payroll Number 20759489 If you hold a substantive post in a NHS organisation please state your contracted hours.

Week Commencing M O N D A Y 25/03/19

For example of form completion see over.

Booking Reference	Shift Date	Day	Shift start time (24 hours)	Shift end time (24 hours)	Less total break time (hours/minutes)	Total hours worked (hours/minutes)	Sick/Work	Initial(s) and surname of recognised signatory
Hospital and Location/Ward	Band Shift Worked at:		Total Hours worked in long hand					Signature of recognised signatory Date
Hospital and Location/Ward	Band Shift Worked at:		Total Hours worked in long hand					Signature of recognised signatory Date
Hospital and Location/Ward	Band Shift Worked at:		Total Hours worked in long hand					Signature of recognised signatory Date
Hospital and Location/Ward	Band Shift Worked at:		Total Hours worked in long hand					Signature of recognised signatory Date
Hospital and Location/Ward	Band Shift Worked at:		Total Hours worked in long hand					Signature of recognised signatory Date
Hospital and Location/Ward	Band Shift Worked at:		Total Hours worked in long hand					Signature of recognised signatory Date
Hospital and Location/Ward	Band Shift Worked at:		Total Hours worked in long hand					Signature of recognised signatory Date
Hospital and Location/Ward	Band Shift Worked at:		Total Hours worked in long hand					Signature of recognised signatory Date
Hospital and Location/Ward	Band Shift Worked at:		Total Hours worked in long hand					Signature of recognised signatory Date
Hospital and Location/Ward	Band Shift Worked at:		Total Hours worked in long hand					Signature of recognised signatory Date

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Bank Member of staff Signature: [Signature]

Date: 01/4/19

Total Hours 21:20

Method of payment Please tick

Weekly ☐

Monthly ☒

Bwrdd Iechyd
Hywel Dda Health Board

Send WHITE & YELLOW COPY to: BANK OFFICE (A&C Division)/Line Manager (M&LD Division)

Staff Member to retain BLUE COPY

FOR COMPLETION BY THE RECOGNISED WARD/DEPARTMENT SIGNATORY

I am a recognised signatory for my ward/department. I am signing below to confirm that both the grade and the shift that I am signing for are accurate. I understand that if I knowingly sign for false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signature of recognised signatory Date

Signature of recognised signatory Date

Signature of recognised signatory Date

Signature of recognised signatory Date

Signature of recognised signatory Date

Signature of recognised signatory Date

Signature of recognised signatory Date

Signature of recognised signatory Date

Signature of recognised signatory Date

Signature of recognised signatory Date

Trust authorisation (in accordance with Trust policy)

Staff Bank Authorised Signature or Line Manager: Date:

Print Initials & Surname:

Any questionable timesheets must be immediately brought to the attention of your Local Counter Fraud Specialist or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 023 40 00.

Please complete using black pen and block capitals as per example overleaf.

[illegible]

For example of form completion see over.

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Bank Member of staff Signature:

Date: 01/4/19

**Bwrdd Iechyd
Hywel Dda Health Board**

Send WHITE & YELLOW COPY to: BANK OFFICE (A&C Division)/Line Manager (MH/LD Division)

Staff Member to retain BLUE COPY

FOR COMPLETION BY THE RECOGNISED WARD/DEPARTMENT SIGNATORY

I am a recognised signatory for my ward/department, I am signing below to confirm that both the grade and the shift that I am signing for are accurate. I understand that if I knowingly sign for false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

FOR COMPLETION BY BANK MEMBER

Please complete using black pen and block capitals as per example overleaf.

[illegible]

For example of form completion see over.

Booking Reference	Shift Date	Day	Shift start time (24 hours)	Shift end time (24 hours)	Lines total break time (hours/minutes)	Total hours worked (hours/minutes)	Sick Work	Initial(s) and surname of recognised signatory
Hospital and Location/Ward:	Band Shift Worked at:		Total hours worked in long hand:				Signature of recognised signatory:	Date:
Hospital and Location/Ward:	Band Shift Worked at:		Total hours worked in long hand:				Signature of recognised signatory:	Date:
Hospital and Location/Ward:	Band Shift Worked at:		Total hours worked in long hand:				Signature of recognised signatory:	Date:
Hospital and Location/Ward:	Band Shift Worked at:		Total hours worked in long hand:				Signature of recognised signatory:	Date:
Hospital and Location/Ward: 66H WARD 4.	Band Shift Worked at: 2		Total hours worked in long hand:		Seven AND A HALF HOURS	14/02/19 THU 12:00-20:00 7:30 ON	Signature of recognised signatory: <i>[Signature]</i>	Date: 14/02/19
Hospital and Location/Ward:	Band Shift Worked at:		Total hours worked in long hand:				Signature of recognised signatory:	Date:
Hospital and Location/Ward: 66T PAVEN	Band Shift Worked at: 2		Total hours worked in long hand:		SEVEN AND A HALF HOURS	16/02/19 SAT 07:00-19:30 11:30 ON	Signature of recognised signatory: <i>[Signature]</i>	Date: 16/02/19
Hospital and Location/Ward:	Band Shift Worked at:		Total hours worked in long hand:				Signature of recognised signatory:	Date:

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere to be unavailable detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of investigating fraud or other criminal activity.

Total Hours: 19:00

Trust authorisation (in accordance with Trust policy)
Staff Bank Authorised Signature or Line Manager: _____ Date: _____

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this time sheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Bank Member of staff Signature:

Date: 18/2/19

Method of payment	Please tick
Weekly	☒
Monthly	☐

**Bwrdd Iechyd
Hywel Dda Health Board**

Send WHITE & YELLOW COPY to: BANK OFFICE (A&C Division)/Line Manager (MH/LD Division)
Staff Member to retain BLUE COPY

FOR COMPLETION BY THE RECOGNISED WARD/DEPARTMENT SIGNATORY

I am a recognised signatory for my ward/department. I am signing below to confirm that both the grade and the shift that I am signing for are accurate. I understand that if I knowingly sign for false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Trust authorisation (in accordance with Trust policy)

Staff Bank Authorized
Signature or Line Manager

Print Instructions

Any questionable time sheets must be immediately brought to the attention of your Local Counter Fraud Specialist or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 40 60.

MCP 26002

FOR COMPLETION BY BANK MEMBER

[illegible]

**Bwrdd Iechyd
Hywel Dda Health Board**

Staff Member to retain BLUE COPY

I am a recognised signatory for my ward/department. I am signing below to confirm that both the grade and the shift that I am signing for are accurate. I understand that if I knowingly sign for false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Booking Reference	Shift Date	Day	Shift start time (24 hours)	Shift end time (24 hours)	Last total break time (hours/minutes)	Total hours worked (hours/minutes)	Sick Work	Name(s) and surname of recognised signatory
Hospital and Location/Ward:	Band Shift Worked at:		Total hours worked in long hand:				Signature of recognised signatory	Date
Hospital and Location/Ward:	Band Shift Worked at:		Total hours worked in long hand:				Signature of recognised signatory	Date
Hospital and Location/Ward:	Band Shift Worked at:		Total hours worked in long hand:				Signature of recognised signatory	Date
Hospital and Location/Ward:	Band Shift Worked at:		Total hours worked in long hand:				Signature of recognised signatory	Date
Hospital and Location/Ward:	Band Shift Worked at:		Total hours worked in long hand:				Signature of recognised signatory	Date
Hospital and Location/Ward:	Band Shift Worked at:		Total hours worked in long hand:				Signature of recognised signatory	Date
Hospital and Location/Ward: CA93g NWGH	Band Shift Worked at: 2	23/03/19	Sat 17:00-22:00	23:00-07:30 W		8:30 HOURS A DAY	Signature of recognised signatory	Date 23/3/19
Hospital and Location/Ward: MWH	Band Shift Worked at: 2	24/03/19	Sun 07:00-11:30	13:00-17:30		SCW AND A HALF HOURS	Signature of recognised signatory	Date 24/3/19

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this time sheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Total Hours
11:50 h

Trust authorisation (in accordance with Trust policy)
 Staff Bank Authorised Signature or Line Manager _____
 Print Name _____
 Date _____

Date: 25/3/19

Any questionable time sheets must be immediately brought to the attention of your Local Counter Fraud Specialist or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 026 40 60.

Goals and plans for the future should be specific which enables one to focus your concentrations and efforts to feel motivated to achieve this (Tools, 2019) With this in mind I have an Action plan for the future which involves much of what I said in the introduction. I have decided to continue with university studies but instead of going down the nursing route I am pursuing something which interests me in the hope that I can make this my future career. I am hopefully progressing onto the BSC Health Nutrition and Lifestyle, which opens up a variety of avenues for me to focus on. I want to accomplish this in order to progress onto a topic which interests me, nutrition and health, this is an important goal for me as I recently had open heart surgery and have taken a keen interest in health and nutrition and would like to continue and help others to achieve a healthy lifestyle, either through nutrition or possibly a dietician which entails similar work. The degree is based at Carmarthen university which makes it a smooth progression onto the course as I am currently enrolled and enjoy the university life which is at Carmarthen university. I may however find it a little bit more difficult to manage my time in the next years as the days I am required to attend university at present fit into my current lifestyle and job but I am prepare to alter my current arrangements in order to achieve my goals. Measurable goals are important when creating a future plan, ensuring that you have deadlines to meet and motivating yourself through excitement when they get closer (Tools, 2019) The first of my deadlines is actually as soon as I submit this piece of work for the CERT HE Nursing studies and health, I feel a great relieve that it is over but I am excited that I have reached my first goal and the start of the second is in sight. The second goal is the start of the BSC in Health Nutrition and Lifestyle this I am excited to proceed with as it approaches, I feel that my life goals are coming together and progression can be made. It is important that these goals are attainable, attainability is very much whether one is prepared to put the time and effort into achieving these goals (Conzemius,2009). I am very focused on achieving the goals I have set for myself, and am very prepared to put even more effort into the future goals which I have a clear plan for, next I am starting the degree and have set the goals for the end of each year and then onto the MSC. Relevance is important when looking at achievements and where they will take you, it should be relevant to future goals (Zahorski, 2019), at present everything I am doing is relevant nothing in my future studies is wasted energy it all helps towards the final goal of working in nutrition or similar role.

References

Anne Conzemius, J. O. (2009). *The Power of SMART Goals: Using Goals to Improve Student Learning*. Bloomington: Solution Tree Press.

Tools, M. (2019, May Thursday). Smart goals. Retrieved from Mind Tools: <https://www.mindtools.com/pages/article/smart-goals.htm>

Zahorski, D. (2019, May Thursday). 5 elements of a smart business goal. Retrieved from Small Business: <https://www.thebalancesmb.com/elements-of-a-smart-business-goal-2951530>

Reference List

Anne Conzemius, J. O. (2009). The Power of SMART Goals: Using Goals to Improve Student Learning. Bloomington: Solution Tree Press.

Tools, M. (2019, May Thursday). Smart goals. Retrieved from Mind Tools: <https://www.mindtools.com/pages/article/smart-goals.htm>

Zahorski, D. (2019, May Thursday). 5 elements of a smart business goal. Retrieved from Small Business: <https://www.thebalancesmb.com/elements-of-a-smart-business-goal-2951530>

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