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| Practice Educator/Mentor Cause for Concern |
| Date completed: |
| Name of student and cohort (e.g. BSc Paramedic Science Sept 24) |
| Student aware? YES/NO (delete as appropriate) |
| Date sent to university:  Please complete this form in the PAD, copy and email to:  [practicepartnerships@newman.ac.uk](mailto:practicepartnerhips@newman.ac.uk)  Alternately you can download it from [Practice Placements - Information for Placement Providers (Nursing and Allied Health Courses) - Birmingham Newman University](https://www.newman.ac.uk/practice-placements-information-for-placement-providers-nursing-and-allied-health-courses/) |
| Practice Educators may submit a cause for concern for: Clinical progress, Student welfare issues, professionalism or patient safety. Any other concerns not listed here may also be raised using this form. |
| What is the nature of your concern? – please state category  Please specify one of the above (or Other)  If the concern relates to clinical progress or professionalism – has an action plan been completed? YES/NO |
| Please outline your concerns |
| Name of person completing:  Contact details (email, phone number if possible):  Job Role  Placement Area: |
| Review Meeting with Student: Where possible a tri-party review will be arranged between the student, and representatives from the university and the practice environment. |
| Date: |
| Present: |
| Outcome of Review (support agreed): |
| Review date scheduled:  University Tutor Signed: Print: |