## Appendix 1: Meeting templates

### Initial meeting

[Organisations may use their own documentation to record preceptees’ progress.]

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| --- |
| Preceptee Name: |
| Preceptor Name: |
| Date of meeting: |

|  |
| --- |
| Expectations: |
| Induction checklist |
| Study days / e-learning planned |
| Development Plan: SMART objectives (Specific, measurable, realistic, agreed, timebound) |
| Support to achieve objectives: |
| Comments /Notes Next meeting date:Preceptee signature Preceptor signature |

### Interim meetings

|  |
| --- |
| Preceptee Name: |
| Preceptor Name: |
| Date of meeting: |

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| --- |
| Review since last meeting, reflection of progress, what’s gone well and any challenges |
| Study days / e-learning planned |
| Development Plan: SMART objectives (Specific, measurable, realistic, agreed, timebound) |
| Support to achieve objectives: |
| Comments /Notes Next meeting date:Preceptee signature Preceptor signature |

### Final meeting

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| --- |
| Preceptee Name: |
| Preceptor Name: |
| Date of meeting: |

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| --- |
| Review since last meeting what’s gone well and any challenges  |
| Study days / e-learning completed/ programme completed |
| Review of last meeting’s SMART objectives (Specific, measurable, realistic, agreed, timebound) |
| Future development needs  |
| Sign Off declarationThis is to confirm that I have completed all aspects of the preceptorship programme satisfactorily Preceptee signature This is to confirm that ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed the preceptorship programme and all competencies which are core to the preceptorship programme Preceptor signatureLine Manager/HR signature  |