

## CLINICAL PLACEMENT AGREEMENT FORM

### **Details about you the student:**

Name of Student: \_\_\_\_\_  
Registered Profession: \_\_\_\_\_  
Professional Registration Number: \_\_\_\_\_

### **Details about your Practice Educator:**

Name of Clinical Practice Educator/Mentor: \_\_\_\_\_

#### **Designated Practice Educator:**

Qualifications/Accreditation: \_\_\_\_\_

*\*Please be aware this individual must hold a minimum of a PgCert in the relevant specialism. Please provide details of qualifications and if you have CASE/RCR/RCOG or any other accredited training.*

Professional Regulatory Body (HPC/SOR/MDU/Others please specify): \_\_\_\_\_

*\*Please provide details of your Indemnity and medico-legal insurance cover; this will insure that you, the student and the AECC are adequately covered.*

#### **Additional Practice Educator (optional):**

Qualifications/Accreditation: \_\_\_\_\_

*\*Please be aware this individual must hold a minimum of a PgCert in the relevant specialism. Please provide details of qualifications and if you have CASE/RCR/RCOG or any other accredited training.*

Professional Regulatory Body (HPC/SOR/MDU/Others please specify): \_\_\_\_\_

*\*Please provide details of your Indemnity and medico-legal insurance cover; this will insure that you, the student and the AECC are adequately covered.*

**Details about your Placement Training Site:**

Name and Address of the Department/Clinical Facility: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

**Departmental Status:**

Is the department you will be training within be:

NHS site  
Description of department \_\_\_\_\_  
*Hospital Ultrasound Department/Community based Ultrasound Service  
(e.g. GP surgery/Medical Centre)*

Independent/Private site  
Description of department \_\_\_\_\_  
*Private Ultrasound Service (e.g. BPAS Clinic):*

**Departmental Resources:**

Please provide the following information about your department:

Type (s) of ultrasound machine (s) and transducers/probes available for clinical practice (include make, model, age of equipment): \_\_\_\_\_

The ultrasound equipment is fit for purpose?  Yes  No  
Is a QA programme in place?  Yes  No

Please give brief details to ensure the student can get adequate experience of ultrasound QA \_\_\_\_\_

Patient throughput (workload for the year):

- Gynaecology Scans \_\_\_\_\_
- Early Pregnancy Ultrasound \_\_\_\_\_
  - 1<sup>st</sup> Trimester Scans \_\_\_\_\_
  - 2<sup>nd</sup> Trimester Scans \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Expectations of the training provision:**

**It is agreed that the Department will supervise the student in completing the following clinical portfolio:**

1. A record of clinical practice (a minimum of 100 cases of which 25% are completed with minimal supervision)
2. 2 long case studies (1250 words each)
3. Prepare the student for the competency assessment carried
4. Host the students assessment and act as part of the assessment team to ensure local protocols are followed. This will be supported and moderated by members of the AECC University College Short Course Assessment Team.

**Agreement:**

It is agreed that the student \_\_\_\_\_ will be provided with the resources and supervision necessary to fulfil the clinical work-place requirements of the course.

Name of Head of the Clinical Training Department / Institution \_\_\_\_\_

Signature of Head of the Clinical Training Department / Institution

Date:..... \_\_\_\_\_

Departmental stamp:

Signature of the Course Leader:

Date:..... \_\_\_\_\_