**LEARNING CONTRACT**

**Confidentiality agreement: According to the Act on the Health Care Professionals …,**

**I as a student nurse hereby agree that all information obtained in any form during my clinical studies will be kept strictly confidential and none of information shall be discussed, used, exported or disclosed to any third party.**

**Student’s name and student group code:**

**Place of clinical study, dates (of beginning and ending the placement):**

**Clinical tutor:**

**Facilitator:**

**STUDY UNIT: PROFESSIONAL DEVELOPMENT IN PRACRISE (Pediatric placement)**

**Study unit objectives of the curriculum:**

|  |
| --- |
| The student is able to |



**Professional knowing in the beginning of the period**

In the beginning of the practice I am able to

**My own objectives for current study unit.**

**At the end of the practice I**

**In order to reach my objectives, I am planning to:**

**Planning the evaluation of professional learning**

**Student’s self-evaluation of professional learning:**

**Challenges for my learning and development in the future:**

**Date\_\_\_/\_\_\_20\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Student’s signature**

**(Clinical) Tutors’ evaluation of the student’s professional learning at the end of the practise**

**Medication passport:**

**Challenges for the student’s learning and development**

**Date\_\_\_/\_\_\_20\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Tutor’s signature**

**Clinical studies passed**

**Date\_\_\_/\_\_\_20\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Facilitator’s signature**

**Clinical studies failed**

**Grounds for decision:**

**Date\_\_\_/\_\_\_20\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Facilitator’s signature**