**LEARNING CONTRACT**

**Confidentiality agreement: According to the Act on the Health Care Professionals 1994/3/17,**

**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: … (Pediatric placement)**

**Study unit objectives of the curriculum:**

|  |
| --- |
|  |

The student is able to

* ​study unit objectives here 

**Professional knowing in the beginning of the placement**

In the beginning of the practice I am able to…

**My own objectives for current study unit (placement).**

At the end of the practice I …

**Medication passport:**

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

here various ways to enhance learning..

**Planning the evaluation of professional learning**

I will evaluate myself as I proceed, I hope to get feedback daily, …

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

According to the objectives

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

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

 **Student’s signature**

**Tutors’ evaluation of the student’s professional learning at the end of the clinical practise**

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

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

 **Clinical tutor’s signature**

**Clinical studies passed**

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

 **Facilitator’s signature**

**Clinical studies failed**

**Grounds for decision:**

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

 **Facilitator’s signature**