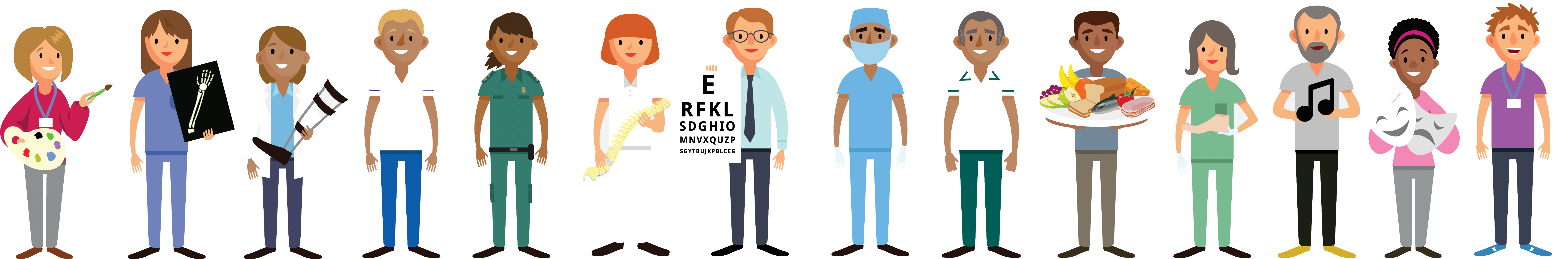


Allied Healthcare Professional (AHP) Learner Passport Learner Passport



CapitalAHP is jointly sponsored by Health Education England and NHS England and Improvement

Dear Learner,

This document has been designed with the aim of travelling with you through your placement journey. We encourage you to take ownership of this document and send it to your educator prior to your placement.

Please take the time to show your educator this document on your first day to support your introduction to the placement. The purpose of the Learner Passport (data collection document) is to:

* aid clear and open communication to make your journey between placements as easy as possible
* increase the Practice Educators’ knowledge of you before you start your placement
* help us prepare an individualised experience for you.

**What you need to do**

Please fill out the following passport with any information that you wish to share with your practice educator in advance of your placement.

**Please only include information you feel comfortable sharing.** You can contact your Practice Educator if there are any areas you would like to discuss further.

Please note:

* This passport does not replace the learner/educator discussion at the start of your placement.
* The details you submit via this passport will only be shared with your practice educator and trust who are involved with the placement. The information will be deleted once the placement is completed.

**Questions**

If you have any questions, please email the London AHP Team: [AHPLondon@hee.nhs.uk](mailto:AHPLondon@hee.nhs.uk)

**More information**

You can find out more about Allied Healthcare Professionals and the AHP Learner Passport on the HEE website: <https://www.hee.nhs.uk/our-work/capitalahp>

# About You

|  |  |
| --- | --- |
| Your name: |  |
| The name you wish us to use: |  |
| Your University / Higher Education Institute: |  |
| Course and year of study: |  |
| Pronouns: |  |
| Email address: |  |
| Emergency contact (next of kin) name and contact telephone number: |  |
| Emergency contact relationship to you: |  |
| Do you have an NHS email address?  (If so, please state your email address): |  |
| Do you have a Smart card, Rio card or CIS card – please specify which?  (If so, please state your card number): |  |

# Training

|  |  |  |
| --- | --- | --- |
| **Mandatory Training** | **Date completed** | **Expiry date (if known)** |
| Manual handling practical |  |  |
| Basic Life support practical |  |  |
| Information Governance |  |  |
| Infection Control |  |  |
| Health and Safety |  |  |
| Equality and Diversity |  |  |
| Safeguarding |  |  |
| Some of the above may not be relevant to your course. Please contact your university or programme lead if you are unsure or put ‘not applicable'. You will be required to complete some trust-specific training prior to starting placement.  Please add any other additional training essential for your placement: | | |
|  |  |  |
|  |  |  |
|  |  |  |

# COVID-19

## Risk Assessment

|  |  |
| --- | --- |
| **Date of COVID-19 risk assessment** | **Outcome (are there any specific risks identified)** |
|  |  |

## Fit Mask Testing

|  |  |
| --- | --- |
| Have you ever been fit tested?  If yes, please provide details of when and what mask you passed on: |  |

## Vaccination Status

|  |  |  |
| --- | --- | --- |
| **COVID-19 Vaccination dates:**  Please let us know the dates of any COVID-19 vaccinations you have had. | | |
| Date of dose one | Date of dose two | Date of dose three |
|  |  |  |

# Placement Experiences

|  |  |  |  |
| --- | --- | --- | --- |
| **Placement** | **Dates (from/to)** | **Type of placement**  For example, paediatrics, adult, neurology, community, tech-based, leadership | **Responsibilities** |
| Placement 1 |  |  |  |
| Placement 2 |  |  |  |
| Placement 3 |  |  |  |
| Placement 4 |  |  |  |
| Placement 5 |  |  |  |
| Placement 6 |  |  |  |

|  |  |
| --- | --- |
| Pre-placement information relevant to profession (for example, therapy tech or carer etc): |  |

# Your Placement

|  |
| --- |
| Personal goals / objectives for this placement: |
|  |
| Opportunities and areas of interest on this placement: |
|  |
| Challenges and main concerns on this placement: |
|  |
| Strengths: |
|  |
| Areas for development: |
|  |
| Please list any university requirements for the placement  (For example, course work, practice tutor visit, competencies, reflections, videos) |
|  |

|  |
| --- |
| How do you prefer to learn? What does this mean for your placement? |
|  |
| Additional needs/support:  For example, learning needs, health and wellbeing needs, religious needs, dietary needs: |
|  |
| Any additional information you wish to tell your practice educator? |
|  |

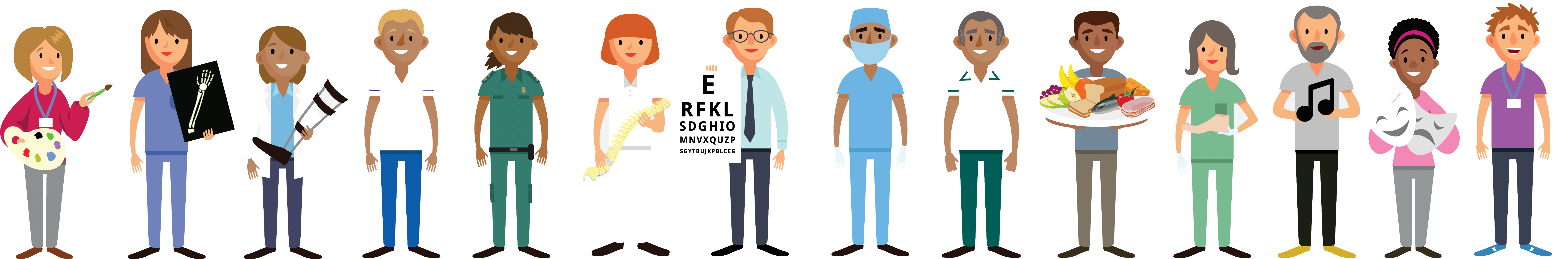
# Collaborators

* Nicola Mault – AHP Student Placement Expansion Lead, Royal National Orthopaedic Hospital, Stanmore
* Lucy Dempsey – AHP Clinical Placement Expansion Lead, Barts Health NHS Trust
* Suhailah Mohamed – Professional Development Lead for AHPs, East London NHS Foundation Trust
* Solene Lochet – AHP Placement Expansion Facilitator, Guys and St. Thomas’s NHS Foundation Trust
* Annette Coomer – Physiotherapy and Occupational Therapy Student Education Project Lead, Imperial College Healthcare NHS Trust
* Sarah-Jane Ryan – Practice Education Lead, University of Brighton
* Chloe Keith-Jopp – AHP Workforce Transformation Lead, Health Education England, London
* AHP Practice Learning Club Members.

Thank you to those who took part in the review process for the AHP Learner Passport:

* North Central London AHP Faculty members.

## References:

School of Sport and Health Sciences, The University of Brighton: [Physiotherapy Students’ and Practice Educators’ Experiences of Using Placements Passports: A Tool to Enhance Collaboration on Placement | International Journal of Practice-based Learning in Health and Social Care (coventry.ac.uk)](https://protect-eu.mimecast.com/s/p0KkCRPDYI0gBVoI9UEFs?domain=publications.coventry.ac.uk).