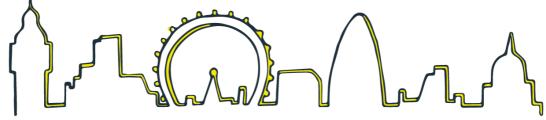




Final Sign-Off Meeting Template

| Preceptee Name: |
|--|
| Preceptor Name: |
| Date of Meeting: |
| |
| Reflection on what has gone well and any challenges: |
| Study days / eLearning completed. Future study days planned: |
| Review of previous development objectives: |



| Development plan: | |
|--|--|
| Objectives should be SMART – Specific, Meas | curable, Achievable, Realistic and Timebound |
| Preceptorship sign-off declaration | |
| This is to confirm that the preceptee has completed all aspects of the preceptorship | |
| programme satisfactorily | |
| Preceptee Name: | Signature: |
| Preceptor Name: | Signature: |
| Organisation Lead Name: | |
| Date of completion: | |

| Development plan: |
|--|
| Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Timebound |
| Onemante / Natan |
| Comments / Notes: |
| Next Meeting Date: |
| Preceptee Signature: |
| Preceptor Signature: |
| Date: |

