## **Final Sign-Off Meeting Template**

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| **Preceptee Name:** |  |
| **Preceptor Name:** |  |
| **Date of Meeting:** |  |

As the preceptee you should have:

* Completed all organisational (if new employee) and local induction, statutory and mandatory training
* Attended study days and all required training during the preceptorship period
* Observed and adhered to organisational values
* Participated fully in the preceptorship programme by preparing for and attending meetings as scheduled with the preceptor
* Worked collaboratively with the preceptor to share reflections and completed learning and needs achieved.
* Sought feedback from others to inform professional progress
* Taken an active role in their own learning and development, including documenting plans and actions for after the preceptorship programme.

**The Preceptor**

As the preceptor you will have:

* Provided support and guidance to the newly registered practitioner or staff member new to area, and/or new to role.
* Acted as a role model and critical friend
* Assisted in facilitation of introductions and promotion of good working relationships
* Participated in all preceptorship activities including undertaking development for the role of preceptor, preparing for, attending and documenting regular scheduled meetings
* Provided timely and appropriate feedback to the preceptee
* Liaising with manager about preceptee’s progress as appropriate
* Advised on learning and development needs, facilitating a supportive learning environment and signposting learning resources. At the final meeting this will be planning future learning activities.

**Preceptorship sign-off declaration**

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| This is to confirm that the preceptee has completed all aspects of the preceptorship programme satisfactorily |
| **Preceptee Signature:** |  |
| **Preceptor Signature:**  |  |
|  |  |
| **Future plans:****To support the preceptee in lifelong learning it is suggested that the following aspects are highlighted by the preceptor:** |  |

**Development plan (link to TURAS PDP/Appraisal), may include any outstanding learning or development needs):**

**YES/ NO**

**Reflections on the programme (can be used for revalidation) YES/NO**

**Complete local evaluation (if applicable) YES/NO**

This template has been adapted from Health Education for England: [https://www.hee.nhs.uk/our-work/capitalnurse/workstreams/preceptorshi](https://www.hee.nhs.uk/our-work/capitalnurse/workstreams/preceptorship)