## Initial Meeting Template

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

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| **Objectives:**       |
| **Induction Checklist:**       |
| **Study days / eLearning Planned:**       |

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

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)