Form Preview

Must be an email address

	nent Details es a required field	d	
Who is o		End of Placemen	t e report? * O Practitioner
Placeme	nt Role *		
Supervis Title	sor name * First Name	Last Name	
Practitio Title	oner name * First Name	Last Name	
	ner email *		
	y name * tion Name		
Contact Title	person for this First Name	report * Last Name	
Position	at host compa	ny *	
Email *			

Form Preview

P	ra	ct	it	ic	n	e	r	R	e	b	O	rt
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* indicates a required field What were the tasks/activities you performed during the placement? * What were the main areas of organisational or technical skills development and knowledge you have gained during the placement? * If the placement role was actively supervised, was there a training plan or similar created at the beginning of the placement? * O Yes O No Was the plan adapted during the placement, and if so, why? * Were there any unanticipated positive or negative outcomes during your placement? * What was the most effective aspect of the placement? * What was the least effective aspect of the placement? * Did the placement meet your expectations? Why/why not? *

Was there anything that could have been changed that would have improved your experience in this placement? *

Form Preview

Have you discussed your placement outcomes with the com ○ Yes ○ No
Host Company Report
* indicates a required field
What were the tasks/activities that were performed by the placement? *
What were the main areas of technical skills development a during the placement? *
If the placement role was actively supervised, was there a tocreated at the beginning of the placement? * O Yes O No
Was the plan adapted during the placement, and if so why?
Was there any unanticipated positive or negative outcomes or the practitioner during the placement? *
What was the most effective aspect of the placement? *
What was the least effective aspect of the placement? *

Form Preview

Did the placement meet your expectations? Why/why not? *
Did you provide feedback to the practitioner about their placement? * ○ Yes ○ No
Feedback
* indicates a required field
Thinking about your interactions with VicScreen, are there any improvements you can suggest for this type of initiative? *
Must be no more than 500 words
Declaration
* indicates a required field
All personal information submitted to VicScreen will be dealt with in accordance with our Privacy Statement.
I warrant that the information contained in this form is true and correct.
Name * Title First Name Last Name
Declaration Date *
Must be a date
Key Talent Placements
Key Talent Placements

Form Preview