

Allied Health Professions Evaluation of Return to Practice placement

To help us to produce and deliver a Return to Practice programme appropriate to the needs of future returnees to practice, please answer the following questions as fully as you can.

How did you hear about the opportunities for return to practice at -----?	
Choose an item.	
Other: Please state:	
How useful was the initial meeting to organise your placement and have your bespoke needs met?	
Useful	Comments:
Were you supported with getting your DBS, honorary contract in place prior to the start of the placement?	
Yes	Comments:
Did you receive pre-placement information to prepare you for your first day?	
Choose an item.	Comments:
How useful have you found the Return to Practice booklet?	
Choose an item.	Comments:
How was the induction to the placement?	
Choose an item.	Comments:
How useful was the placement and named mentor in meeting your learning needs?	
Choose an item.	Comments:
Throughout the placement were future employability options discussed?	
Choose an item.	Comments:
Did you get your out-of-pocket expenses in a timely manner?	
Choose an item.	Comments:
How could we improve the return to practice process and placement?	

Comments:	
Name:	
Profession:	
Placement area:	
Date:	
Contact details:	

Thank you for completing this form. Please return to your placement supervisor.