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| Rotational Agreement Template for Nursing and Midwifery Graduates |
| This is intended to be a guide only for use at the commencement of each clinical rotation.  |
| Graduate Name: |
| **Clinical ward/unit:** |
| **Site:** |
| **Date of commencement:** |
| **Date of completion:** |
| **Allocated Preceptor/Clinical Educator:** |
| **Other clinical support:** |
| **Rotation number \_\_\_\_ of \_\_\_\_ total rotations.**  |

| Local area orientation | Date | Signature: Graduate | Signature: Preceptor |
| --- | --- | --- | --- |
| Local area orientation is completed E.g. Evacuation point, usernames, passwords etc.  |  |  |  |

| Rostering  | Date | Signature: Graduate | Signature: Preceptor |
| --- | --- | --- | --- |
| Rostering processes discussed. E.g. roster requests, annual leave requests, sick leave notification and changing shifts |  |  |  |

| Wellbeing and support | Date information provided | Signature: Graduate | Signature: Preceptor |
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| Local health service initiatives can be added inE.g. Flu vaccination, Nursing and Midwifery Health Program Victoria, Nurse and Midwife Support (Turning Point) |  |  |  |
| Employee Assistance Program (EAP) |  |  |  |
| Add rows as necessary |  |  |  |
| Mandatory Education and Training | Date of completion | Signature: Graduate | Signature: Preceptor |
| Educational objectives/competenciesE.g. Occupational violence training, Bullying and harassment, Resilience training |  |  |  |
| Add rows as necessary |  |  |  |

| Learning goals (including primary learning objectives during rotation) | Date of completion | Signature: Graduate | Signature: Preceptor |
| --- | --- | --- | --- |
| List competencies |  |  |  |
| Add rows as necessary |  |  |  |

| Policies and Procedures (access to area specific policies and procedures if relevant) | Date of required completion | Signature: Graduate | Signature: Preceptor |
| --- | --- | --- | --- |
| List policies |  |  |  |
| Add rows as necessary |  |  |  |

| Study Days and Planned Clinical Professional Development (CPD) | Date of required completion | Signature: Graduate | Signature: Preceptor |
| --- | --- | --- | --- |
| List activities |  |  |  |
|  |  |  |  |

| Feedback/Clinical Appraisal (health service to determine if these are scheduled/frequency/number etc.) | Date | Completed Y/N | Signature: Graduate | Signature: Preceptor |
| --- | --- | --- | --- | --- |
| Add rows as necessary |  |  |  |  |

| Review, feedback and self- reflection (health service to determine) | Date | Signature: Graduate | Signature: Preceptor |
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| E.g. Group debrief sessions, Individual debrief sessions, Graduate self-reflection, Feedback sessions with preceptor |  |  |  |
| Add rows as necessary  |  |  |  |