**South West Public Health StR Short Placement Planning Approval Form**

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| **Project Title:** |  |
| **Start and end date of project:** |  |
| **Current Phase of training:** |  |
| **Background:**  |  |
| **Aim and objectives:** |  |
| **Learning outcomes:** |  |
| **Personal roles and responsibilities:** |  |
| **Project Supervisor roles and responsibilities:** |  |
| **Involvement of others:**  |  |
| **Timescales/Milestones:** |  |
| **Educational Supervisor’s Comments:**  |  |
| **Educational Supervisor’s Sign off:** | I confirm this placement will meet these learning outcomes and is in keeping with the registrar’s learning agreementSignature/initialsDate  |
|  **Academic Supervisor’s Comments (if appropriate):** |  |
| **Academic Supervisor’s Sign off:** | I confirm this placement will meet these learning outcomes and is in keeping with the registrar’s learning agreementSignature/initialsDate |
| **Project supervisor’s Comments:**  |  |
| **Project supervisor’s Sign off:** | I confirm that I am happy to supervise this registrar in this placement to meet these learning outcomes Signature/initialsDate |