

SUPERNUMERARY STATUS – INCIDENT REPORT

You should only complete this form if you have concerns that your learning opportunities are compromised whilst on placement.

In the first instance please raise your concerns with either your Practice Supervisor or Practice Assessor, and / or the Placement Education Facilitator, who will liaise with the Link Lecturer for the practice setting.

Following the discussion please complete the form and email a copy to the University of Cumbria Link Lecturer so the issues can be addressed and the form retained for monitoring purposes..

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| Student Name: | |
| Programme & Cohort: | |
| Placement Area: | |
| Date of Occurrence: | |
| Brief Details: | |
| How was your learning affected? | |
| Discussed with Practice Supervisor and / or Practice Assessor | Yes / No (please delete) Date: |
| Discussed with Placement Education Facilitator | Yes / No (please delete) Date: |
| Discussed with University of Cumbria Link Lecturer | Yes / No (please delete) Date: |
| Summary of Discussion & action taken: | |
| Signed: | |
| Student: | Date: |
| Link Lecturer: | Date: |