

Conclusion of Further Education and Training Professional Practice Form

To be completed by the college/setting.

Please complete the below form upon completion of the professional practice and tick if it has finished earlier than originally anticipated. Upon returning the form via email to educationpartnership@edgehill.ac.uk this will then initiate the payment process. Thank you for your support.

Section 1 – Please fully complete

Trainee name:		Student number:	
Programme:		Subject	
Placement Mentor name:		EHU Visiting Tutor name:	
Setting name:		Solo teaching hours: <i>(completed to date)</i>	/ 100
Setting address:		Observations:	/6
		Date of Summative Meeting:	
Was the trainee identified as a Cause for Concern?	YES / NO	If yes, please state the date the paperwork was completed and complete section 2:	Professional Practice start date:
			Conclusion date:

Section 2 - If applicable please complete

<p>The reason the Professional Practice concluded early:</p> <ul style="list-style-type: none"> • Cause for concern • Recommendations • Other comments: <p><i>Please provide as much detail as possible</i></p>	
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Professional Mentor (at Placement) (Print name & Signature):		Date:
Visiting EHU Tutor (Print name & Signature):		
Trainee (Print name & Signature):		