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| --- | --- |
| **PRECEPTOR DETAILS** | |
| Name and workplace of Preceptor |  |
| Name and workplace of Preceptee |  |
| Name and workplace of Manager |  |
| Date commenced |  |
| Date of Last Update |  |
| Preceptor Signature |  |

Please send a copy of your completed Preceptorship completion form to:

Learning Centre

Willerby Hill

Beverley Road

Willerby HU10 6ED

Tel 01482 301900

Fax Number: 01482 303902