### Preceptorship Guidelines

### Appendix 2 - PRECEPTORSHIP CONTRACT

|  |
| --- |
| Preceptee Preceptor |
| Has the preceptee received a copy of the Preceptorship Policy and Guidelines and had the opportunity to discuss it? Yes No |
| Start date of Preceptorship period |
| Agreed content of preceptorship period |
| **Confidentiality**(*i.e. extent of confidentiality and when and how it might be broken)* |
| Date of First PDRRecord Keeping |

|  |
| --- |
| (*identify who and what will be recorded and were the records will be held)***Who Will Record The Session?**Where Will The Records Be Kept?**Date of First triangulation meeting**Contract Agreed By: Preceptor**Name Signature Designation**Preceptee**Name Signature Designation**Line Manager Signature Designation Name |
| **Date of Contract Review Date** |