### Preceptorship Guidelines

### Appendix 2 - PRECEPTORSHIP CONTRACT

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| 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 PDR  Record Keeping |

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| (*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** |