Text

Description automatically generated

**Meeting Record**

|  |
| --- |
| **Learner Details** |
| **Full Name**: |

|  |
| --- |
| **Overview** |
| **Title**: |
| **Date of meeting:** |
| **Attendees:** |

|  |
| --- |
| **Summary** |
| Summary of meeting (Briefly describe the main points of your meeting, for example, what was the purpose, what did you discuss, what did you agree): |
| Agreed actions (Add details of your actions following the meeting. Make them SMART - Specific, Measurable, Achievable, Realistic, Time bound): |

|  |  |  |
| --- | --- | --- |
| **Action Details** | | |
| **Action completed**: | Yes |  |
|  | No |  |
| **Action completed date:** | | |

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| --- |
| **Collaborator Comments** |
| Additional comments (Add in additional comments for your learner such as areas for future learning and improvement): |

|  |  |  |
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| **Collaborator Details** | | |
| **Collaborator Name**: | | |
| **Collaborator Role:** | Educational supervisor / tutor |  |
|  | Employer |  |
|  | Practice supervisor |  |
|  | Senior pharmacist |  |
|  | Workplace facilitator |  |
|  | Other |  |
| **Collaborator Signature:** | | |
| **Date:** | | |