

**Meeting Record**

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

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

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| **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):       |

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| **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:**   |