



Diploma in General Pharmacy Practice

Individual Feedback Form

This form must be completed by you at the learning set and shared with your ES after the LS. It is intended to help support and extend your learning in the set, by integrating the learning into your next workplace SLEs and by ensuring any 'gaps' you identified in your knowledge or skills are addressed. This form should be filed in your portfolio. It should be followed up at your next RITA meeting.

Name:

Date of learning set:

Topics covered (am):
Clinical topics (pm):

Were there any areas you felt needed extra support? If so, say what & why	
What would help you as follow up in the workplace? Eg CBD, MiniCEX, accompany a more senior pharmacist to discuss therapy	
ACTION PLAN	
Signed (practitioner)	
Signed (Educational/practice supervisor)	

Author	L Dodds	Issue Date	Sept 2014	Version	1
Reviewer		Review Date		Supersedes	

Copyright © 2014. Medway School of Pharmacy and University of Brighton