**April 2019**

**Confirmation of discussion of change of position from practice supervisor to practice assessor**

**Appraisee name**: (please print): ……………………………………………………….

**Ward/Unit**: ………………………………………………………………………………..

**Site**…………………………………………………………………………………………

**Field Of Practice/Learners**………………..…………………………………………..

**CURRENT LEVEL OF STUDENT SUPERVISION/ASSESSMENT**

**BRONZE Practice Supervisor** YES NO DON’T KNOW (\*Delete as appropriate)

**SILVER Practice Assessor** YES NO DON’T KNOW (\*Delete as appropriate)

**GOLD Practice Assessor** YES NO DON’T KNOW (\*Delete as appropriate)

**PLATINUM Practice Assessor** YES NO DON’T KNOW (\*Delete as appropriate)

Signature of Appraisee ………………………………………..…………………………

Signature of Appraiser………………………….………………………………………..

Date:………………………………………………………………………………………..

(For PPM Confirmation/Records Only ………………………………………………...)