

# Summary of Practical Experience

## Section 1: Applicant & Placement Summary

<b>Name of Student:</b>			
<b>Name of Placement Site:</b>			
<b>Total Hours at Placement Site:</b>			
<b>Date Commenced:</b>		<b>Date Completed:</b>	

### Provide an overview of your time at this practicum site

- Describe the clientele worked with (age ranges, gender, reasons for service provision, client goals)
- How did you spend your time at this site?

Summary:

### Clinical Competencies

Please tick the knowledge, skills and/or areas of application developed at this practicum site.

#### Domain 1: Professional Practice

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 1.1 Ethical and Legal Practice                |
| <input type="checkbox"/> | 1.2 Culturally Safe and Inclusive Practice    |
| <input type="checkbox"/> | 1.3 Communication, Collaboration & Referral   |
| <input type="checkbox"/> | 1.4 Professional Development                  |
| <input type="checkbox"/> | 1.5 Advocacy and healthcare Systems Knowledge |

#### Domain 2: Foundational Clinical Knowledge

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 2.1 Integrated Scientific Understanding |
| <input type="checkbox"/> | 2.2. Medical Management                 |
| <input type="checkbox"/> | 2.3 Evidence Based Practice             |

#### Domain 3: Clinical Assessment & Patient Management

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 3.1 Screening & Risk Stratification      |
| <input type="checkbox"/> | 3.2 Assessment & Interpretation          |
| <input type="checkbox"/> | 3.3 Monitoring                           |
| <input type="checkbox"/> | 3.4 Patient Management                   |
| <input type="checkbox"/> | 3.5 Emergency Response & Risk Management |

#### Domain 4: Exercise Prescription & Delivery

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | 4.1 Programme Design     |
| <input type="checkbox"/> | 4.2 Programme Delivery   |
| <input type="checkbox"/> | 4.3 Programme Adaptation |

# Summary of Practical Experience

**How did this practicum site assist you in developing these clinical competencies?**

*Please select three attributes from the table above and provide examples.*

Summary:

## Section 2: Supervisor Details & Declaration

**Supervisor Declaration and Signature:** *(To be signed within one month of completing placement)*

<b>Supervisor Name:</b>	
<b>Supervisor Experience &amp; Accreditation(s):</b>	
<b>Supervisor Contact Email:</b>	
<i>I have read the information contained within this logbook and certify that this is a true and accurate reflection of the student's engagement at this placement site.</i>	
<b>Signature:</b>	
<b>Date:</b>	