Adapt this tool to suit your student numbers, group sizes, disciplines and placement schedules.

|  |  |
| --- | --- |
| **WoSSP day** | [Insert Group Learning day e.g. Tuesday] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Weeks** | Team 1 | Team 2 | Team 3 | Team 4 |
| **1-10** | [Student name]  Medicine  [general practice where student based *if applicable*] | [Student name]  Medicine  [general practice where student based *if applicable*] | [Student name]  Medicine  [general practice where student based *if applicable*] | [Student name]  Medicine  [general practice where student based *if applicable*] |
| **1-10** | [Student name]  Nursing | [Student name]  Nursing | [Student name]  Nursing | [Student name]  Nursing |
| **1-3** | [Student name]  [Allied Health discipline e.g. podiatry] |  | [Student name]  [Allied Health discipline e.g. O.T] | [Student name]  [Allied Health discipline e.g. Social Work] |
| **1-4** |  | [Student name]  [Allied Health discipline e.g. Physiotherapy | [Student name]  [Allied Health discipline e.g. physiotherapy] |  |
| **TOTAL No.**  **STUDENTS** | [ ] | [ ] | [ ] | [ ] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient name** | [insert] |  |  |  |
| **Appointment time** |  |  |  |  |
| **GP** |  |  |  |  |
| **ADDRESS** | [Insert general practice address] | [Insert general practice address] | [Insert general practice address] | [Insert general practice address] |

## Health service visits

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Health service visit** | [Insert name of community health service] | [Insert name of community health service] | [Insert name of community health service] | [Insert name of community health service] |
| **Appointment** | Students to contact health service and make appointments | | | |
| **Contact details** | [Name of community health service  Contact Name  Phone No.]  Street Address | [Name of community health service  Contact Name  Phone No.]  Street Address | [Name of community health service  Contact Name  Phone No.]  Street Address | [Name of community health service  Contact Name  Phone No.]  Street Address |