# Exercise Physiology PEP Plan

**For Unit: CXA443 (Clinical Exercise Practicum 1) - Block: 1 2** *(circle)*

**Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ID#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Block start date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Block end date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confirm Supervisor Qualifications: (eg: AEP, Physio, other):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confirm Site location address and postal address (if different):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor phone number: land**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **mobile**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Placement / Competency Goals**

Set three SMART goals based from the competency assessment criteria you want to work towards during this placement:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I, [the student], agree to attend placement during the start and end dates listed, and to attend all shifts (hours and days per week as detailed in the attached calendar) punctually, as agreed. Any day(s) of absence for compassionate reasons or illness must be notified to the Site Supervisor by phone (or a message left if they cannot be located) at least one day before the day of absence, or before 9:00 am on the day of absence in cases of illness.  Unexplained or unsupported non-attendance at PEP is considered a breach of professional behaviour, which may result in failure of the unit, via the Competency Assessment tools and the* [*UTAS PEP Code of Professional & Ethical Conduct*](https://www.utas.edu.au/__data/assets/pdf_file/0003/459273/PEP-Code-of-Professional-and-Ethical-Conduct.pdf)*.*

**Signed:**

Student: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Primary site supervisor: \_\_\_\_\_\_\_\_ \_\_\_ Date: \_\_\_\_\_\_

**PEP Plan Calendar – Block 1 / 2 (circle which)**

**Clinical Exercise Practicum 1 - CXA443** Mark your planned days / hours in consultation with your Site Supervisor

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **January** | **February** | **March** | **April** | **May** | **June** |
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ONCE FINALISED - THIS PEP PLAN MUST BE UPLOADED TO MyLO (IT IS A PASS / FAIL ASSESSMENT TASK)