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**PEP Student Support Plan**  **School of Nursing**

This template is designed for use by the PEP facilitator and/or supervising RN/ preceptor in conjunction with the student.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nursing Practice PEP (1-5)  1  2  3  4  5 Week of PEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*The week of this PEP allocation in which the support plan was developed*

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| **Facility:** | **Student Name:** | **Facilitator/Supervisor Name:** |
| **Unit:** | **Student Signature:** | **Facilitator/Supervisor Signature:** |

| **Identified Goal / Areas for Development** | **Related RN Standard**  **for Practice** | **Agreed Action/ Strategies Required** | **Resources and Support Strategies to be Utilised** | **Timeframe for**  **Completion and Review** |
| --- | --- | --- | --- | --- |
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