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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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