

Appendix A: ADF overseas extended skills placement learning plan



ADF overseas extended skills training placement applications must include a detailed learning plan covering each identified learning needs area. A minimum of four learning objectives should be included.

The ADF registrar saves a copy of this document and completes in consultation with their medical educator and / or the Supervisor. The Learning plan is signed and submitted with the application. A copy of the completed submitted Learning plan must be retained by the registrar and reviewed with the supervisor throughout the placement.

Following the placement, registrars are required to submit an *ADF overseas extended skills placement summary report* and include an updated version of the submitted learning plan. The registrar accesses the saved copy of the learning plan, updates to reflect the learning and experiences of the placement and submits with the Summary report.

Name of registrar

Name of placement

Location / Country of placement

Dates of proposed training placement

<input type="text"/>	to	<input type="text"/>
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Summary report update – actual dates

Learning objectives

Learning objective		Priority	
		Medium	High
Need / goal		<input type="checkbox"/>	<input type="checkbox"/>
How identified		<input type="checkbox"/>	<input type="checkbox"/>
Aims and objectives		<input type="checkbox"/>	<input type="checkbox"/>
Strategies for learning		<input type="checkbox"/>	<input type="checkbox"/>
Evidence \ evaluation		<input type="checkbox"/>	<input type="checkbox"/>
Summary report update – detail how the learning objectives were met during the term		<input type="checkbox"/>	<input type="checkbox"/>

Learning objective		Priority	
		Medium	High
Need / goal		<input type="checkbox"/>	<input type="checkbox"/>
How identified		<input type="checkbox"/>	<input type="checkbox"/>
Aims and objectives		<input type="checkbox"/>	<input type="checkbox"/>
Strategies for learning		<input type="checkbox"/>	<input type="checkbox"/>
Evidence \ evaluation		<input type="checkbox"/>	<input type="checkbox"/>
Summary report update – detail how the learning objectives were met during the term		<input type="checkbox"/>	<input type="checkbox"/>

Learning objective		Priority	
		Medium	High
Need / goal		<input type="checkbox"/>	<input type="checkbox"/>
How identified		<input type="checkbox"/>	<input type="checkbox"/>
Aims and objectives		<input type="checkbox"/>	<input type="checkbox"/>
Strategies for learning		<input type="checkbox"/>	<input type="checkbox"/>
Evidence \ evaluation		<input type="checkbox"/>	<input type="checkbox"/>
Summary report update – detail how the learning objectives were met during the term		<input type="checkbox"/>	<input type="checkbox"/>

Learning objective		Priority	
		Medium	High
Need / goal		<input type="checkbox"/>	<input type="checkbox"/>
How identified		<input type="checkbox"/>	<input type="checkbox"/>
Aims and objectives		<input type="checkbox"/>	<input type="checkbox"/>
Strategies for learning		<input type="checkbox"/>	<input type="checkbox"/>
Evidence \ evaluation		<input type="checkbox"/>	<input type="checkbox"/>
Summary report update – detail how the learning objectives were met during the term		<input type="checkbox"/>	<input type="checkbox"/>

Learning objective		Priority	
		Medium	High
Need / goal		<input type="checkbox"/>	<input type="checkbox"/>
How identified		<input type="checkbox"/>	<input type="checkbox"/>
Aims and objectives		<input type="checkbox"/>	<input type="checkbox"/>
Strategies for learning		<input type="checkbox"/>	<input type="checkbox"/>
Evidence \ evaluation		<input type="checkbox"/>	<input type="checkbox"/>
Summary report update – detail how the learning objectives were met during the term		<input type="checkbox"/>	<input type="checkbox"/>

Registrar Application

I confirm that this is my proposed learning plan for my ADF extended skills training placement and have discussed this with my supervisor.

Name of Registrar

Date

Signature of Registrar

Following the placement

Confirmation to be completed with Summary Report

Registrar

I confirm that this is a true and accurate record of my ADF extended skills placement.

Name of Registrar

Date

Signature of Registrar

Supervisor

I confirm that this is a true and accurate record of the Registrar's ADF extended skills placement.

Name of Supervisor

Date

Signature of Supervisor