**EMS Certificate of Attendance and Feedback Form**

**SECTION A – to be completed in full by student in advance of placement**

**PLACEMENT DETAILS**

**Student Full Name:** ………..................................................

**Matriculation Number:** ………............................................

**Year of Course:** …..............................................................

**Placement Name:** …..........................................................

**Number of weeks EMS:** ….................................................

**Type of placement:** AHEMS / CEMS (\*delete as appropriate)

**Species worked with:**

* + Dog/cat
  + Horse
  + Cow
  + Sheep
  + Other (specify)

**Learning Outcomes for EMS** – select your learning outcomes for EMS this year and indicate what you have/have not achieved on this placement

|  |  |  |  |
| --- | --- | --- | --- |
| Learning Outcome | Achieved fully | Achieved partially | Not achieved |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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**SECTION B – to be completed by placement provider after student has attended.**

**CERTIFICATE OF ATTENDANCE** to be completed by placement provider(Please complete all sections)

**I certify that the student named above attended (address of placement):**

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……………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………..

**From (dates)**  ……………...…….…......…………. **to** ………............................................

**Did the student work the normal full time hours of the placement?** YES / NO

If NO, please give a reason and the actual hours worked:

……………………………………………………………………………….…………….….……………………………………………………………..

**Signature of placement provider:**…………………………………………...……………………………………………………………..

**Print name**:………………………………………………………………………………………………………………………………………………

Please supply us with a contact telephone number and email address in case we need to contact you regarding this placement.

**Telephone:** ………………………… …………………………………………………………………………………………………………………..

**Email address:** …………………………………………………………………………………………………………………………………………

**FEEDBACK FORM**

Please tick boxes on the grid overleaf to indicate the overall level of competence displayed by the student by the end of the placement.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **More than Satisfactory** | **Satisfactory** | **Less than Satisfactory** |
| Timekeeping |  |  |  |
| Attitude and enthusiasm |  |  |  |
| Willingness to learn |  |  |  |
| Practical skills  (including animal handling) |  |  |  |
| Communication skills |  |  |  |
| Knowledge |  |  |  |

**Any further comments or suggestions:**

……………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………..

Would you be happy for your name and address to be included in a database and made available to other veterinary students from Edinburgh who are looking for placements? **YES / NO**

If **YES**, can accommodation be provided? **YES / NO**

**Please return completed forms to the EMS Office in one of the following ways:**

* **Email** the completed form to [ems2admin@ed.ac.uk](mailto:ems2admin@ed.ac.uk)
* **Post** the completed form to:

EMS Administrator (VTO)

The Royal (Dick) School of Veterinary Studies

Easter Bush Campus

Roslin

EH25 9RG Tel: 0131 651 7300

* **Send** the completed form back with the student for them to return to us.

**We cannot mark a student’s placement as complete until we receive the completed form**, so please ensure this is submitted to us by one of the methods indicated above as soon as possible after the student finishes their placement with you. Thank you very much for your help supporting our students.

Please do not hesitate to contact us by one of the methods above if you have any questions or concerns.