

COLLEGE NAME

EMS Placement Feedback Form - to be completed by the student as appropriate to the type of placement undertaken.

Name of Student: EMS I.D. Number

Year of Clinical Studies: Veterinary School Tutor:

Placement Name and Address:

Postcode:
Tel:
Email:

Placement Contact (& job title):

Placement Supervisor:

Dates of Placement: From To Total no. weeks:

Placement workload (eg. 20%small animal, 80% equine):

Accommodation available: In placement (free) In placement (charge) Locally None .

No. students in placement with you: Was this too many for this placement: Yes/ No

Health and Safety implementation and concerns:

NB. If you notice a serious breach of health and safety guidelines, you should report to your veterinary school immediately

Were you able to achieve your EMS objectives (if not indicate briefly why not)?

Please ✓ the appropriate box, which best indicates the experience you gained from this placement

Learning Opportunities	Excellent	Good	Satisfactory	Less than satisfactory	Poor
Opportunities to discuss cases					
Opportunities to examine animals					
Opportunities for practical experience					
Teaching/Supervision/Progress discussion					
Recommendation to other students					

Additional Comments:

Box for any contact information and return details