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**(Appendix 1)**

**The University Of Jordan/ School of Nursing**

**Clinical Nursing Training(0702414)**

**The Contract Form**

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| **Student’s Name…………………………………………** |
| **Training Institution: ……………………………..……** |
| **Area of Practice: ……………………………………….** |
| **Name of Faculty Member:…………………………….** |
| **Name of clinical Preceptor: …………………………….** |
| **Date of submission:……………………………………..** |

I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a student registered for the Clinical Nursing Training Course (Mukathaf) during the \_\_\_\_\_\_\_\_\_\_ semester of the academic year 2016/2017.

I acknowledge that I read the course material and understand my responsibilities during the course and the course’s learning outcomes. I hereby agreed to achieve these learning outcomes, follow course’s policies and School of Nursing instructions related to the course, and will follow the training area regulations and instructions.

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| **No.** | Intended Learning Outcomes |
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**Student’s Signature** …………………………………..……Date……………..……

**Preceptor’s Signature** ………………….………………… . Date……………..……

**Faculty Member Signature** ………………………………… Date……………..……

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**(Appendix 2)**

**The University Of Jordan/ School of Nursing**

**Clinical Nursing Training (0702414)**

**Clinical Training Schedule**

*Submit to Faculty member on request*

**إسم الطالب :** ........................................................................................................................

**مكان التدريب : المستشفى**:.................................................ا**لقسم** :.............................................

**الفصل الدراسي :** ..................................................................................................

**إسم المدرس** :........................................................................................................

أنا الطالــب : ..................................أقــر أنني قد استكملت متطلــبات التــدريــب العــملي لمادة التدريــب التمريضي المــكثف المتمــثلة في العمل لمــدة (56) ورديــة (شفت ) فــي مستشفى .................................................... قسم .....................................، وقد كانت الأيام التي عملتها على النحو التالي :-

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| **الرقم** | **اليوم** | **التاريخ** | **توقيع مسؤول الوردية** | **الرقم** | **اليوم** | **التاريخ** | **توقيع مسؤول الوردية** |
| **1-** |  |  |  | **26-** |  |  |  |
| **2-** |  |  |  | **27-** |  |  |  |
| **3-** |  |  |  | **28-** |  |  |  |
| **4-** |  |  |  | **29-** |  |  |  |
| **5-** |  |  |  | **30-** |  |  |  |
| **6-** |  |  |  | **31-** |  |  |  |
| **7-** |  |  |  | **32-** |  |  |  |
| **8-** |  |  |  | **33-** |  |  |  |
| **9-** |  |  |  | **34-** |  |  |  |
| **10-** |  |  |  | **35-** |  |  |  |
| **11-** |  |  |  | **36-** |  |  |  |
| **12-** |  |  |  | **37-** |  |  |  |
| **13-** |  |  |  | **38-** |  |  |  |
| **14** |  |  |  | **39-** |  |  |  |
| **15-** |  |  |  | **40-** |  |  |  |
| **16-** |  |  |  | **41-** |  |  |  |
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| **18-** |  |  |  | **43-** |  |  |  |
| **19-** |  |  |  | **44-** |  |  |  |
| **20-** |  |  |  | **45-** |  |  |  |
| **21-** |  |  |  | **46-** |  |  |  |
| **22-** |  |  |  | **47-** |  |  |  |
| **23-** |  |  |  | **48-** |  |  |  |
| **24-** |  |  |  | **49-** |  |  |  |
| **25-** |  |  |  | **50-** |  |  |  |
| **51-** |  |  |  | **52-** |  |  |  |
| **53-** |  |  |  | **54-** |  |  |  |
| **55-** |  |  |  | **56-** |  |  |  |

**ملاحظة:**

إستكمال متطلبات التدريب العملي لا يعني إجتياز المادة بنجاح ولا يعكس أداء الطالب أثناء هذا التدريب .

**توقيع الطالب :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ إسم وتوقيع المشرف في المستشفى:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( رئيس القسم أو من ينوبه ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**(Appendix 3)**

**The University Of Jordan/ School of Nursing**

**Clinical Nursing Training (0702414)**

**Weekly Report Form/ Report Number……**

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| **Student’s Name…………………………………………** |
| **Training Institution: ……………………………..……** |
| **Area of Practice: ……………………………………….** |
| **Name of Faculty Member:……………………………** |
| **Name of clinical Preceptor: …………………………….** |
| **Date of submission:……………………………………..** |

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| **Date/Shift** | **ILOs Achieved** | **Activities** |
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**Student’s Signature** …………………………………..……Date……………..…