**The Role of the Preceptor**

A preceptor is an experienced cervical screening provider who teaches, inspires, and serves as a role model to support the growth and development of the Cervical Screening Provider course participant. Preceptors bridge the gap between theory and practice after participants complete the Cervical Screening Provider course workshop.

The role of the preceptor is to support the course participant to meet the learning objectives of the course through practical, supervised clinical experience.

The Cervical Screening Preceptor will:

* Provide direct supervision of the course participant during the clinical placement
* Provide clinical advice and assistance
* Establish learning goals with the course participant
* Provide discussion time on progress and to complete relevant documentation
* Discuss any concerns relating to a course participant with the course coordinator

**Essential requirements**

* Current registration with AHPRA
* Minimum of two years Cervical Screening Provider experience
* Current clinical practice involving cervical screening
* **Complies with the AHPRA requirements for continuing professional development**

**If you meet the requirements set out above, please complete the following registration form:**

**Personal Details**

Title:

First Name:       Surname:

Profession:

Preferred mailing address:

Suburb/Town:       Postcode:

Phone (work):       Mobile:

Email:

**Workplace Details**

Name of organisation:

Organisation address:

Suburb/Town:       Postcode:

Phone:       Fax:

Email:

Practice type:  *If other, please specify*

**AHPRA Registration number:**

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**Optional support**

You will be sent a link to SHINE SA’s short self-paced Preceptor online training module which covers the following topics:

* Roles and responsibilities of a Preceptor
* Qualities and skills of a Preceptor
* Adult learning Education Principles
* Giving and receiving constructive feedback

The co-ordinator of the cervical screening provider course is also available for support via phone or email.

**Self-Declaration**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that I am a competent Cervical

Screening Provider with a minimum of two years’ experience in Cervical Screening and in current clinical practice. I have the necessary skills and qualities to provide preceptorship to participants in the Cervical Screening Provider course.

Signature:

Date:

Please return this form to:

Co-ordinator: Cervical Screening Provider course

SHINE SA

PO Box 76 Woodville SA 5011

Email: SHINESANurse-Midwife@shinesa.org.au

Phone: (08) 8300 5318 Fax: (08) 8300 5399

SHINE SA Use Only: Co-ordinator sign & date

□ Approved

□ Online Module log in sent

□ Certificate sent