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**Document:** Observers Procedure

**Print Date:** 04/02/2009 09:13

**User name:** CAROLE.PEARSON

**APPENDIX 3 EVALUATION FORM**

Name:

Date/s of Observation:

Name of Mentor:

Station:

What were you hoping to achieve during your period with YAS?

What did you achieve?

How useful was it to have a Mentor during the period?

Do you have any recommendations to improve the experience?

Signed ..... Date .....

Please return this form to the Clinical Manager

# APPENDIX 1 – OBSERVER REQUEST FORM

YORKSHIRE AMBULANCE SERVICE NHS TRUST	
OBSERVER REQUEST FORM	
Name	
Home Address	
Employer Details and employer contact name (if applicable) or University/College	
Dates when available for observing	
Preferred - Department	
Are you an Employability Trainee	Yes/No
Confirmation you can comply with the Observer Dress Code	Yes/No (failure to comply will result in non approval of application)
What are the reasons for you wanting to spend time with the ambulance service:	
<p>I have read/received tuition and understand the:</p> <p>YAS Health and Safety Policy            YAS Code of Conduct            YAS Observer Procedure            YAS Dress Code</p>	
I have undertaken a CRB Check within the last five years:	
Yes/No	Date
CRB/ISA check/vetting and barring paperwork seen	
by .....	on .....
We hope that you find your time with us interesting and useful towards your career development.	
Observer Signature:	Employer Signature:
Date:	Date:
Office Use only:	
Approved By:	Date:

