

RURAL PHARMACY SCHOLARSHIP SCHEME

LEARNING PLAN

Please complete the following Learning Plan, to be developed and agreed to by you (as the scholarship holder) and your Mentor. Include activities that are realistic, achievable and relevant to your current level of study, including interaction with your nominated Mentor, rural activities and Rural Health Club participation.

	Goal 1	Goal 2	Goal 3	Goal 4
<p>The Goals: Specify what you want to achieve in your scholarship year.</p> <p><i>e.g. Increase your understanding of the delivery of a rural health service or program.</i></p>				
<p>The Means: Outline strategies to achieve the goals you have chosen.</p> <p><i>e.g. Mentor contact, rural placements through your university, active participation in rural activities with your Rural Health Club, etc.</i></p>				

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	Goal 1	Goal 2	Goal 3	Goal 4
<p>The Milestones: Specify the milestones that will demonstrate progress towards achieving your goals.</p> <p><i>e.g. Visits to rural high school students, personal and professional challenges encountered and overcome during the year in the rural health setting)</i></p>				
<p>The Acquittal: Indicate a timeline to reach the milestones for each of your goals.</p> <p><i>Note: Acquittal of your learning plan is a major component of your End of Year formal report.</i></p>				

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Name of University:

Year of study:

1st, 2nd, 3rd or 4th Year

Agreed to by

Please sign in the space below

Scholarship Holder

Name:

Signature:

Date:

Mentor

Name:

Signature:

Date:

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