

Appendix A

Job Shadowing Objectives

Name		Department	
Shadowing Opportunity Desired			

Reason for wanting to complete this shadowing opportunity.

	Date / Signature
Approval signature of employee's manager	
Approval signature of Shadow Host	
Discussion and agreement of Learning Objectives	
Dates agreed for shadowing time:	

Learning Objectives to be achieved during shadowing	Agreed by shadow host Signature of above required
1	
2	
3	
4	

Learning Objectives
3:
Comments on objective
Achieved Yes / No
Employee Signature:
Shadow Host/Co-ordinator Signature:

4:
Comments on objective
Achieved Yes / No
Employee Signature:
Shadow Host/Co-ordinator Signature:

Please reflect on your Job Shadowing Opportunity below.

To be kept on staff file