WESTERN CAPE COLLEGE OF NURSING
ACCOMPANIMENT REPORT

Student Name: _____ **Student number:** _____ **Programme &Year level:** _____

Subject: _____

Date	Time e.g., 10h00 to 12h30	Placement Allocation SIMLAB	Narrative (Clinical academic activities and learning opportunities explored with students and feedback provided during clinical procedure/practice)	Signature	
				Lecturer	Student

SIGNATURE HOD/HOC: …… **DATE**……

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REVISED 03.06.2025

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