LEARNING CONTRACT

Meets Competency No.: _____

NMC Outcome Number: ___ *What do I have to achieve?*	**Action Plan** *How will I achieve this?*	**Resources** *What do I need to achieve this outcome?*	**Target Date** *When do I need to achieve this by?*	**Evidence of Achievement**
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

We have discussed the above Learning Contract and agree that the proposed actions are relevant to the expressed learning needs of the student and the required practice outcomes for this Practice learning.

Student Name:_____ Student ID:_____ Student Signature:_____ Date: _____

Sign-Off Mentor Name:_____ Sign-Off Mentor Signature:_____ Date: _____