

**HOSPITAL PLAY SPECIALIST REGISTRATION COUNCIL
COVER SHEET**

RECORD OF PROCEDURAL ACCOMPANIMENT OBSERVATION

Name:

(Print full name of HPS applying for Registration)

Number of pages in observation submitted:

Please ensure there is a footer note with your name, type of observation and date of the registration application on each page in the written observation.

Note: It is expected that the observation will be discussed with the hospital play specialist/ or healthcare professional being observed following the observation and **prior** to verification.

Provide the following information with your procedural accompaniment observation:

Date:

Hospital:

Number of children/young people participating:

Age(s):

Accompaniment verified by:

Full Name: (please print)

Designation:

Signature:

Notes of reflective discussion with HPS/MDT member being observed: