



**HOSPITAL PLAY SPECIALIST REGISTRATION COUNCIL
COVER SHEET**

RECORD OF PROFESSIONAL PRACTICE 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.

Note: It is expected that the observation will be discussed with the hospital play specialist facilitating the healthcare play or preparation session following the observation and **prior** to verification.

Provide the following information with your healthcare play observation and preparation observations:

Date:

Hospital:

Number of children/young people participating:

Age(s)

Verified by currently Registered hospital play specialist providing the play session as to the content of the observation and the reflective discussion

Full Name: (please print)

Current HPS Registration number (required):

Signature:

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