



Clinical Educator Demographic Data Sheet **To be completed by the clinical educator**

1. Name (4 letters): (please use initial of first name and first 3 letters of last name) e.g. Kelly Stanley is ksta _____

2. Facility Name: _____

3. Type of facility (please check all relevant boxes)

- Hospital (public)
- Hospital (private)
- Community based service
- Private practice
- Non government organisation
- Other: _____

4. Gender: Female Male

5. Age last birthday _____ (years)

6. Number of years in Clinical Practice _____ years

7. How long have you been involved in the clinical education of physiotherapy students?
_____ years

8. How would you rate your level of experience as a clinical educator? Please circle

No previous experience					Very experienced
1	2	3	4	5	

9. Have you participated in a clinical educator's workshop or other training on assessment?

Yes No

If Yes, please advise year: _____

Please note that the data collected is for University purposes only to support ongoing accreditation and quality assurance and personal information will not be released to any outside party.