# Reflective Journal Template

|  |  |
| --- | --- |
| Candidate name |  |
| Title/designation |  |
| Date completed |  |
| Workplace/organisation |  |

|  |
| --- |
| **How are my stress levels as I work in direct client care?** |
|  |
| **How are my fatigue levels as I work in direct client care?** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Safe work practices currently being followed** | **Workplace systems associated with the practice** | **Workplace equipment associated with the practice** | **Workplace process associated with the practice** | **How to maintain currency of practice** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Add more rows as needed*

End of Reflective Journal Template