

# REFLECTIVE DISCUSSION FORM

You must use this form to record your reflective discussion with another NMC-registered nurse or midwife about your five written reflective accounts. During your discussion you should not discuss patients, service users or colleagues in a way that could identify them unless they expressly agree, and in the discussion summary section below make sure you do not include any information that might identify a specific patient or service user. Please refer to Guidance sheet 1 in How to revalidate with the NMC for further information.

## To be completed by the nurse or midwife:

<b>Name:</b>	
<b>NMC Pin:</b>	

## To be completed by the nurse or midwife with whom you had the discussion:

<b>Name:</b>	
<b>NMC Pin:</b>	
<b>Email address:</b>	
<b>Professional address including postcode:</b>	
<b>Contact number:</b>	
<b>Date of discussion:</b>	
<b>Short summary of discussion:</b>	
<p><b>I have discussed five written reflective accounts with the named nurse or midwife as part of a reflective discussion.</b></p> <p><b>I agree to be contacted by the NMC to provide further information if necessary for verification purposes.</b></p>	<b>Signature:</b>
	<b>Date:</b>