



**Midwifery Practice Development Unit  
Opt Out Form: Learning Log – Specialist Placements**

**Please complete the form as appropriate.**

I understand and agree to my year 2/year 3 learning log for  
..... placement being stored in the Midwifery Practice  
Development Unit, University Maternity Hospital Limerick as part of the  
requirements to demonstrate learning during specialist placements.

I do not want my log used for any other purpose.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Student Midwife

Please keep a copy of this form for your own records.

**Please return a completed and signed copy of this form to the  
CPC Midwifery when submitting your learning log.**