**Shadowing Experience**

**SOCIAL WORKER’S CONFIRMATION STATEMENT**

Please confirm the dates that the student undertook their shadowing experience with you.

|  |  |  |
| --- | --- | --- |
| **Name of Student** |  | |
| **Dates of Shadowing** | **Day 1** |  |
| **Day 2** |  |
| **Name of Social Worker** |  | |
| **Team Name** |  | |
| **Address** |  | |
| **Email** |  | |
| **Tel No** |  | |

|  |  |
| --- | --- |
| **I confirm that the above named student shadowed me on the above dates and observed my practice.** |  |
| **\* No serious concerns presented that might prevent the student from commencing First Placement.** |  |

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| **If you wish, you may comment on the student’s behaviour during the shadowing experience (please see guidance notes).** |
|  |

|  |  |
| --- | --- |
| **Social Worker’s Signature** |  |
| **Date** |  |

**Please hand the completed form to the student**

Thank you for your involvement with the student’s professional development. Your input is greatly appreciated.

*\* If a serious concern was identified, please discuss it with your line manager and contact the University as soon as possible.*

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