**PLACEMENT APPLICATION FORM 2019/20**

**SECTION 1: Student Details**

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| --- | --- | --- | --- | --- |
| Full Name |  | | | |
| University | University of Leeds | | | |
| Course (mark box) | BA |  | MA |  |
| Placement (mark box) | First |  | Final |  |
| Term Time Postcode |  | | | |
| Contact / Mobile Number |  | | | |
| University Email |  | | | |

**SECTION 2: Previous Experience, Learning & Skills**

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| --- | --- |
| **If** you have already completed a **First Placement**, please provide the following information: | |
| Name of Agency |  |
| Type of Service |  |

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| Describe the skills, knowledge and qualities you have already developed. You may wish to draw on paid work, voluntary work, any previous course, shadowing / placement experience etc. How has this enhanced your skills relevant to social work and working with service users? (suggested word count: 300 – 500) |
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**SECTION 3: Practice Learning Needs**

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| Identify and outline the practice learning needs you want to develop on placement. Please refer to the Professional Capabilities Framework domains and core value requirements as well as any identified on your First Placement Final Report, if applicable (suggested word count: 300 – 500) |
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**SECTION 4: Additional Information**

***Where possible***, we will take the following into account when matching you to placement.

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| --- | --- |
| Do you require an Adult or Child Placement? |  |
| Do you have any preferred geographical location for placement: Leeds / Wakefield / Either |  |
| Will you have access to a car during placement? |  |
| If you, your relatives or friends have had any contact with Social Services in Leeds or Wakefield please name the service or individual so that you are not placed in that locality |  |
| Are you able to work Evenings and/or Weekends? |  |

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| Please add any further relevant information or particular circumstances not covered by the sections above which you wish to share with your potential placement |
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**SECTION 5: Student Declaration. *By submitting this form, I agree the following*.**

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| * + - * I consent to this information being held on record and accessed by the Social Work Placement Team and by Agencies for the purposes of securing, developing and maintaining Practice Learning Opportunities.       * I have undertaken an enhanced DBS check.       * If I use a car to travel to or during my placement I will ensure it is insured for business use.       * I agree to work agency hours whilst on placement and if I have dependents I will arrange care to cover full time working. |

|  |  |
| --- | --- |
| **Date form completed** |  |
| **Name of Approving Tutor** |  |

**Please send this completed form to your tutor for their comments and feedback. Once your tutor has agreed your form, please submit this to the Practice Placement Unit by 17th June 2019.**

**placements@healthcare.leeds.ac.uk**

*Document updated by UoL on: 14/05//2019*