**Shadowing Experience**

**SOCIAL WORKER’S CONFIRMATION STATEMENT**

Please confirm the date(s) that the student undertook their shadowing experience with you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Student |  | | | |
| Name of Local Authority | Leeds Adult |  | Leeds Children |  |
| Wakefield Adult |  | Wakefield Children |  |
| Name of Social Worker |  | | | |
| Team Name |  | | | |
| Email |  | | | |

|  |  |
| --- | --- |
| I confirm that the above-named student had a telephone call and participated in reflective discussion with me  Please provide date |  |
| I confirm that the student observed a meeting followed by reflective discussion.  Please provide meeting remit and date | Remit |
| Date |
| No serious concerns presented that might prevent the student from commencing First Placement. | Yes/ No |

|  |
| --- |
| Please briefly comment on the student’s presentation within the discussion and meeting |
|  |

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

**Please email 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.*

Leeds Beckett University: [socialworkplacements@leedsbeckett.ac.uk](mailto:socialworkplacements@leedsbeckett.ac.uk)

University of Leeds [placements@healthcare.leeds.ac.uk](mailto:placements@healthcare.leeds.ac.uk)