**PLACEMENT APPLICATION FORM**

**SECTION 1: Student Details**

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| --- | --- |
| Full Name |  |
|  | University of Leeds |  |
| Course  | BA |  | MA |  |
| Placement  | First (70 day) |  | Final (100 day) |  |
| Term Time Postcode |  |

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

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| **IF** you have already completed a **70-day** **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. Please refer to any previous placement and shadowing experience, paid work, voluntary work, any previous course, etc. How has this enhanced your skills relevant to social work and working with service users? (word count: between 300 and 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.If applicable, please refer to identified areas for development on your First Placement Final Report.(word count: between 300 and 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 a 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 only**This will initiate a discussion where specific details will be sought. |  |
| Are you able to work Evenings and/or Weekends?  |  |

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| Please complete an Individual Support Plan if there is relevant information, such as reasonable adjustment (RAP) or personal circumstances, that you wish to share with your potential placement to enable them to support you. |

**SECTION 5: Repeat placements. *Only to be completed where the student has failed or not completed a previous placement.***

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| --- | --- |
| Number of days placement completed |  |
| Summary of strengths |
|  |
| Summary of areas for development cited in the final report |
|  |
| Summary of Readiness for Placement Plan |
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**SECTION 6: 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.
			* I understand that it is my responsibility to declare something which may affect my suitability to meet the requirements of the course or placement or I may be subject to fitness to practise proceedings.
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| **Date form completed** |  |
| **Name of Approving Tutor** |  |

Please submit the completed form to your current **Tutor** by the published deadline

*Definitive Document updated by LBU on: 5/4/22*