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**Practice Placement Student Information Form for February 2017**

**This information will be used to assist in the construction of your practice learning experience.**

**Please note that the Faculty delivers a range of programmes with different requirements. Please ensure that you return this form within 7 DAYS.**

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| Your Name | Enter Name | Date of Birthh | D | M | Y |
| Programme | Enter Programme | Southampton ID Numberr | Student Number | | |
|  |  |  |  | | |
| Home Address | Enter Home Address | | | | |
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Will you be living at home during your programme? Yes ☐ No ☐

Are you planning to stay at your home address for placement

purposes? Yes ☐ No ☐

Do you have access to any other accommodation in Hampshire Yes ☐ No ☐

and the Isle of Wight?

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| Enter Location Details |
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If yes, please provide location

Will you be applying for University accommodation? Yes ☐ No ☐

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| Enter Term Time Address |
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Term Time Address (if known)

Do you have access to a car for your placement? Yes ☐ No ☐

Do you hold a current FULL and CLEAN driving licence? Yes ☐ No ☐

Will you be applying/or have you applied for the NHS Bursary Grant (£1000) Yes ☐ No ☐

Are you seconded to the programme? Yes ☐ No ☐

If yes, please provide name of seconding person, clinical area and organisation with address.

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| Enter Details |
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Do you have a declared disability or health issue that may impact on your practice learning?

Yes ☐ No ☐

Have you previously/currently worked in a health/social care setting? Yes ☐ No ☐

If yes, please provide name of setting and organisation with address.

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| Enter Details |
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Are you or a significant other utilising services where you might be placed? Yes ☐ No ☐

If yes, please provide name of service and organisation with address.

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| Enter Details |
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Do you have a personal relationship with any Mentor/Practice Educator who may contribute to your assessment on your programme? Yes ☐ No ☐

If yes, please provide name of practice placement and organisation where the person works.

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| Enter Details |
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Are you the main carer of a child with a disability? Yes ☐ No ☐

Are you the main carer of a child under the age of 12? Yes ☐ No ☐

Are you the main carer for a dependent relative/significant other? Yes ☐ No ☐

If yes, what involvement do you have?

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| Enter Details |
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IMPORTANT, Please ensure you read the information below regarding Practice Placements and sign as indicated to confirm you understand.

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| * **Practice experiences will take place across Hampshire & the Isle of Wight and further afield for some professions therefore you will have to travel to your placement or seek alternative accommodation for the duration of your placement.** |
| * **Students can normally expect to have some placements close to their term time address.** |
| * **Student placements are pre-planned for the duration of the programme based on the information provided on this form.** |
| * **All Placement lines meet the Professional, Statutory and Regulatory Bodies and the University requirements to complete the programme.** |
| * **If your circumstances change during the programme you must complete another Practice Placement Student Information Form.** |
| * **In the event of the exceptional circumstances arising during the programme which may affect your placement you will have the opportunity to submit an Application to Review Allocated Placement form.** |

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| Signature |  | Date |  |

* **You will be required to complete a ‘Practice Placement Student Information Form’ annually.**
* **If your circumstances change in between, it is your responsibility to complete another form in a timely manner.**
* **Forms should be submitted to the Placement Team (**[**Placements.FHS@soton.ac.uk**](mailto:Placements.FHS@soton.ac.uk)**)**