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***Promoting Practice Learning***

***for***

***Social Work Students***

***in***

***West London***

**Placement Application**

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**West London Social Work Student Placement Application**

**Student Name:**

**Student contact telephone number:**

**Student email address:**

**Student GSCC registration number:**

**University:**

**Academic level: Undergraduate 🞎 Masters 🞎**

**Placement level: 1st 🞎 2nd 🞎 3rd 🞎 Repeat 🞎**

**Number of days to be completed on placement:**

**Intended placement dates: Start: Finish:**

**University placement coordinator:**

 **Name:**

 **Contact telephone number:**

 **Email address:**

The purpose of this application form is to

* assist the placement matching process
* support students to recognise the transferable, skills and knowledge they will bring to the placement
* enable students to identify their learning needs for the placement
* enable practice educators to identify appropriate learning opportunities and support for the student

***Please frame your responses in relation to the National Occupational Standards***

***Please note that students will be expected to provide a prospective practice educator with a copy of the portfolio and practice educator report from any previous placement/***

**Relevant work experience/s (paid/unpaid):**

***Brief outline of work undertaken:***

***Transferable skills developed:***

***Transferable knowledge gained:***

**Previous Placement:**

***Brief description of the work of the agency/service user group:***

***Social work skills developed in placement:***

***Social work knowledge gained from placement:***

***Learning needs identified:***

***Specific areas that the student is required to work on (e.g. time management, sickness, written work)***

**Any additional information:**

**Student signature**

Social work programmes are asked to confirm that :

This is an accurate representation of the student’s learning needs 🞎

This accurately reflects specific areas that the student is required to address during the placement 🞎

The student has undergone an enhanced CRB check 🞎

Date of CRB check

**Signature on behalf of programme**

**Name and role**