Work Based Learning Agreement Form

NB: This form MUST be completed and signed by the Student, the WBL Tutor, and the Placement Supervisor at the beginning of the placement. A signed copy should be kept by all parties

Work Bas	sed Learning Placement	One	Two (please tick as applicable)			
Student Information							
Full name			Mobile				
Email							
Placement Info	ormation						
Name of supervisor							
Name of organisation							
Email/phone							
Work Based Learning Tutor information							
Full name							
Email/phone							
Car Insurance Will the student be using their own car to travel to and from the placement and/or to undertake placement business? Yes \(\scale \) No \(\scale \)							
If YES does the student have appropriate car insurance for business use? Yes No							
NB If the student does not have appropriate insurance they will not be able to use their car at placement.							
Travel and other Expenses							
Will the placeme	ent reimburse travel and oth	er exper	nses	Yes No			

Sickness and Absence from Placement					
Have sickness and absence from placement procedures been discussed and agreed?					
Yes No No					
Concerns					
Have breakdown/failing student and concerns meeting procedures been discussed?					
Yes No No					
Health & Safety					
Have Health & Safety issues been discussed in relation to the student e.g. lone working, safeguarding, risk assessment etc.?					
Yes No No					
Induction					
Is an induction programme in place for the student?					
Yes No No					
What is the length of the induction period and what it will include?					
Placement Working Days/Hours					
Please specify the students agreed working days/hours whilst on placement?					
Agreed placement days:					
Agreed start and finish times:					
NB It is expected students will attend placement during agreed hours/days. Students MUST inform the supervisor of any absence/sickness immediately. Failure to do so will result in a concerns meeting and may result in termination of the placement					

Student Practice Learning Needs and Opportunities					
Please state the student's key learning needs for placement					
1.					
2.					
3.					
What practice opportunities will be available to the student during the placement to meet these needs					
Supervision and Support					
Please specify the arrangements for supervision, feedback and support for the student whilst on placement?					
Please specify any other information regarding the support and supervision the student during the placement					

Placement Supervisor Assessment				
Summative Report: the placement supervisor must submit a summative report at the conclusion of the placement stating if the student has passed or failed the placement.				
Observation of Practice: a minimum of two direct observations of the student's practice should be undertaken by the placement supervisor or an appropriate member of the team. The student should receive written feedback using the appropriate form.				
Signed Weekly Placement Log: the placement supervisor must sign the student's log of placement hours to confirm student has completed 200 hours.				
Date of Review of Placement:				

Signatures

Student	Date	
Supervisor	Date	
WBL tutor	Date	