|  |  |
| --- | --- |
| Text  Description automatically generated  | Placement Availability Form* **Include Section A for AHP or Section B for Nursing & Midwifery**
* **Please complete a new form for all changes regardless of how minor or major the change may be**
* **Complete every section even if only 1 item has altered**
 |
|  |
|  | **VISITING / LINK LECTURER/ PROFESSIONAL DEVELOPMENT FACILITATOR DETAILS (HEI)** |
| **Name** |        | **Audit Completion Date** |        |  |
| **Mentor/ Practice Educator/ Supervisor/ Assessor Information Completed** |   | **Audit completed in partnership between HEI and Placement Provider?** |  |  |
|  | **PLACEMENT AREA DETAILS** |
| **Placement Name** |   |  |
| **Hospital/Site Name** |   |  |
| **Trust/PIVO** |  |  |
| **Address** |       |  |
| **Postcode** |       |  |
| **Tel Number** |       |  |
| **Fax Number** |       |  |
| **Care Hours**  |  |  |
| **Description** |       |  |
|  | **PLACEMENT CO-ORDINATOR / LEM / DEPARTMENTAL MANAGER DETAILS**  |
| **Name** |       |  |
| **Job Title** |       |  |
| **Email Address** |      |  |
| **Tel Number** | SAME AS PLACEMENT NUMBER ABOVE  |  |
| **Postal Address** | SAME AS PLACEMENT NUMBER ABOVE |  |
| **AUDIT ACTION PLAN DETAILS** | **Is this placement suitable for student allocation?** |  |  |
| **Earliest action plan date** |       | **Date earliest action plan was completed** |       |  |
| **Are there Action Plans to be completed in the Audit?** |  | **Next action plan date** |       |  |
| **Section A** | **ALLIED HEALTH & SOCIAL WORK STUDENT CAPACITY DETAILS (please check subject group by clicking in box)** |
| **Art Therapy** | [ ]  | **Children, Young People & Families** | [ ]  | **Diagnostic Radiography** | [ ]  | **Dietetics 'A' Placement** | [ ]  |  |
| **Dietetics 'B1'** | [ ]  | **Dietetics 'B2'** | [ ]  | **Dietetics 'C'** | [ ]  | **Occupational Therapy** | [ ]  |  |
| **Operating Department Practice** | [ ]  | **Paramedic Science** | [ ]  | **Physiotherapy** | [ ]  | **Radiotherapy & Oncology** | [ ]  |  |
| **Social Work** | [ ]  |  |
| **Section B** | **NURSING & MIDWIFERY STUDENT CAPACITY DETAILS (please choose dropdown box by branch)** |
|  |  |  |  |  |
| **Student Capacity** | **Max Year 1** |      |
|  | **Max Year 2** |      |
|  | **Max Year 3** |      |
|  **Overall preferred max number of students at any one time =** |       |
| **Additional Comments** |       |
| **plac** | HWLSPlacementsAdmin@shu.ac.uk |
| FOR OFFICE USE ONLY | Date Received |       | SI Code |       | Actioned By |       |