|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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](mailto:HWLSPlacementsAdmin@shu.ac.uk) | | | | | | | | | | | | | | | | | | |
| FOR OFFICE  USE ONLY | | | Date Received | | | |  | | SI Code | | | | |  | | | Actioned By | |  | | | | | |