**Social Work Placement Audit to be verified by HEI** (this audit is only to be used if the organisation has a full practice learning placement approved audit (PLPAA)audit in place. Its purpose is to complement the placement provider organisation’s PLPAA with team-specific information).

1. Name of Practice Educator and if applicable name of Work Based Supervisor:

2. Name and address of placement site:

3. Email address:

4: Telephone:

5. Type of Social Work Service (e.g. child protection, adult mental health):

6. What are the placement working hours? …     ……………………………..

7. Does the student need to be a car driver to undertake this placement?

**Yes**  **/No**

8. Does the placement have sufficient learning opportunities to:

meet the 9 Professional Capability Framework (PCF) domains for a first placement

**Yes**  **/No**

meet the 9 PCF domains for a final placement **Yes**  **/No**

9. Model of practice placement:

On-site practice educator:  **Yes**  **/No**

On-site work based supervisor and off-site practice educator: **Yes**  **/No**

Does the on-site work based supervisor have a social work qualification?:

**Yes**  **/No**

10. Does the on-site practice educator or supervisor have a practice education qualification?

If Yes please identify:

Practice Educator Professional Standards 1 (PEPS 1) **Yes**  **/No**

Practice Educator Professional Standards 1 & 2 (PEPS 1&2) **Yes**  **/No**

Practice Teaching Award (Stage 2) **Yes**  **/No**

Working towards PEPS 1 **Yes**  **/No**

Working towards PEPS 2  **Yes**  **/No**

Other (please specify – including arrangements for assessment of student on placement and mentorship of trainee Practice Educator)      ………………………………………….

11. Is there any other information about this placement which may affect the allocation of any student? **Yes**  **/No**

If yes please outline:

|  |
| --- |
| **This social work placement meets the** [**current SWE Education and Training standards**](https://www.socialworkengland.org.uk/standards/education-and-training-standards/)  **Name of HEI**  **Name of HEI representative**  **Tile of HEI representative**  **Date** |

Please return this form by email to the Professional Placements Team at

[HWLSPlacementsAdmin@shu.ac.uk](mailto:HWLSPlacementsAdmin@shu.ac.uk)