**Sheffield Hallam University**

**AMHP PRACTICE LEARNING AGREEMENT**

**This individualised agreement is to be discussed within the framework of the SHU guidelines in the programme handbook and SHU policies.**

**Please complete and sign the form following the meeting.**

**Placement dates:**

**Portfolio Submission date:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Contact no.** | **e-mail** |
| **AMHP Trainee** |  |  |  |
| **Practice Assessor** |  |  |  |
| **Agency link officer/ adviser** |  |  |  |
| **SHU Tutor** |  |  |  |

**Placement address:**

**Placement telephone number:**

**AGREEMENT CONDITIONS**

1. **In signing this agreement all parties are bound by SHU AMHP course regulations as set out in the handbooks.**
2. **All info relating to the AMHP trainee during the assessment process will remain confidential to all parties concerned except where overridden by SHU and/ or HCPC regulations.**
3. **Learning support needs. Where an AMHP trainee has a declared and diagnosed learning need the following support will be given:**
4. **Periods of leave during the placement will normally be taken over the Christmas break. Please note any significant leave for the**

**Trainee:**

**Practice Assessor:**

**Tutor:**

1. **The arrangements for supervision are as follows:**

First supervision session:

Frequency and duration of supervision:

Standing agenda items agreed:

Responsibility for recording:

Who will provide support when practice assessor is unavailable?

Requirements for supervision:

1. **Permission is given to SHU to use any materials submitted by AMHP trainees for instructional purposes in the future. These will be anonymised so that the originator cannot be identified.**

**Yes/No**

**Signed by trainee:**

1. **The trainee has signed a consent form to partake in all training activities. Yes/ No**

**If no then please ensure that one is signed before the meeting ends.**

|  |  |  |
| --- | --- | --- |
|  |  |  |

1. **Trainee's background, career intentions and learning needs**
2. **Learning opportunities including work to be undertaken during the placement, and continuing casework :**

1. **When study time will be taken:**
2. **Other relevant issues:**
3. **Learning Agreement review date:**

|  |  |  |
| --- | --- | --- |
|  | **Trainee.....................................................** | **...................................** |
|  |  |  |
|  | **Practice Assessor(s).........................................** | **...................................** |
|  |  |  |
|  |  |  |
|  | **SHU Tutor............................................** | **...................................** |
|  | **Line Manager (if present)** | **...................................** |
|  | **Training Officer/ Adviser.(if present)** | **...................................** |