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| **PLACEMENT SELF-EXEMPTION FORM** | | |
| **First Name** |  | |
| **Surname** |  | |
| **Course** |  | |
| **Cohort:** |  | |
| **Placement provider:** |  | |
| **Reason for self-exempting: *(please tick which reason)*** | 1. I identify as one of the Public Health England vulnerable groups, including pregnancy |  |
| 1. Care commitments |  |
| 1. Other |  |
| **Further information:** |  | |
| ***Please return this form to*** *HWBstaffengagement@shu.ac.uk* | | |

***Please note:*** *This information is being requested in line with course and placement monitoring requirements. Under data protection law we are able to collect and use this data to manage student contracts and for public health purposes. The information you provide will only be accessed by relevant course delivery staff and members of the College Leadership Team who are leading Coronavirus Incident Management for the College of Health Wellbeing and Lifesciences. This information will be securely stored and retained for the duration of the Coronavirus outbreak, following which we will review the retention period.*