



## Placement Learning Contract

### Contact details:

	Name:	Address:	Telephone:	Email:
Student				
Placement provider				
Placement organiser				
Disability support Services (where applicable)				

### Placement details

Length of Placement	Any leave details:
Start date: End date:	Dates of tutor visits:

### Placement requirements

Language requirements	Ethical legal considerations
Confidentiality requirements	Work expectations (hours, dress code etc.)
Any Other	

**Student Profile**

Relevant experience	
Health & Safety briefing	yes <input type="checkbox"/> no <input type="checkbox"/>
Adjustments for disabled students including provider/funder of adjustments	

**Support Arrangements**

Mentor/supervisor details:	Support requirements of mentor:
Assessment details:	Feedback details:
Problem management:  Student:         Employer:	

Intended learning outcomes of placement:

- 1.
- 2.
- 3.
- 4.

Learning opportunities:

- 1.
- 2.
- 3.
- 4.

Obligations of each party

Employer:

Student:

Placement Organiser:

**Signed**

**Date**

Student

\_\_\_\_\_

\_\_\_\_\_

Placement organiser

\_\_\_\_\_

\_\_\_\_\_

Placement provider

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