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| **Student Placement Issues Form** |

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| **Name:** | **Programme of study:** | **Placement and Organisation:** |
| **Practice Educator:** | **Date:** |  |
| **Outline of concern: (please include dates, times)**  **People consulted about the concern:**  **Whistleblowing policy read and followed (if applicable): Yes/ No** | | |
| **Student Signature:** | | |
| **Print Name:** | | **Date:** |

**To complete at meeting with Academic Advisor:**

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| **Academic Advisor:** |  | |
| **Date of Meeting:** |  | |
| **Agreed strategy to address student concerns:** | | |
| Academic Advisor: Date: | | |
| Student: | | Date: |
| Concern(s) not resolved: University Complaints Procedure followed  Agency complaint procedure followed  Other action (*please state below)*  Other action: | | |

**Following resolution of concerns please complete next section of the form.**

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| *I, the undersigned, confirm that student concerns about the practice placement have been resolved.* | |
| Practice Educator: | Date: |
| Academic Advisor: | Date: |
| Student: Date: | |