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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: |