**Work-based Learning (WBL) Agreement Form for NURM080 Advanced Assessment and Clinical Reasoning**

# **Part 1: To be completed by the student**

## Your Details

Student name:

Student Number:

Address at time of WBL:

E-mail:

Home Telephone:

Mobile:

## Details of the organisation you intend to visit for your WBL placement.

Name of organisation:

Type of organisation:

Address:

Phone Number:

E-mail address:

Line Manager:

## Name of the Clinical Supervisor agreed to monitor and guide you during your WBL:

Name of organisation:

Type of organisation:

Address:

Phone Number:

E-mail address:

Line Manager:

Name of the Clinical Supervisor agreed to monitor and guide you during your WBL:

Contact e-mail:

Qualifications of Clinical Supervisor:

Will you require a DBS clearance in order to undertake your WBL placement? (please tick as appropriate)

 **Yes**

**Or**

 **No**

Proposed Dates of WBL:

from:

to:

Contact Hours per day:

from:

to:

Minimum Number of hours: 30

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date to-from** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
|   |   |   |   |   |   |   |   |
|    |   |   |   |   |   |   |   |

(Ensure you have discussed the following details with your WBL organisation so you can provide accurate information)

## Assessing the suitability of the WBL organisation

**Please provide a brief explanation as to what you aim to achieve at this setting:**

**Skills and Knowledge for the role that you will be required to perform:**

**Roles and Responsibilities:**

**Special Requirements of the Organisation:**

**Special Requirements of the Student:**

1. **Are there any additional costs for students whilst on WBL placement? ( excluding travel):**

Please indicate: Yes or No?

1. **If yes, please provide details:**

If your organisation is overseas you must make sure:

1. The WBL setting/company/organisation has got insurance? (please tick as appropriate)

 **Yes**

**Or**

 **No**

1. You, the student, have personal travel insurance that will protect you should you have an incident overseas. (please tick as appropriate)

 **Yes**

**Or**

 **No**

## Sharing Personal Details

In accordance with the General Data Protection Regulation (GDPR) (EU) 2016/679, The University of Northampton needs to explain which Article 6 condition it is relying on for holding and processing personal data.  The University will process personal data in accordance with the performance of contractual arrangements you as a student have with us (including your obligations to the professional body).  (Art 6 1(b)).  The University of Northampton also has a legitimate interest (as defined by Art 6 1(f)) to share your personal details before and during your programme with other organisations, details of which are outlined below:

|  |  |  |
| --- | --- | --- |
| Personal Details | Organisation Shared With | Purpose |
| Name, Email address, Telephone number,  | Placement Organisations | Placement learning opportunities |
| Programme status and attendance monitoring on placement | Placement Organisations | Placement learning opportunities |
| Name, Email address | My Knowledge Map | Placement Attendance |

You have the right to make representation to the University and at any time during your enrolment on your programme. Should you have any concerns in relation to sharing your personal data in relation to your placement, you can do so by contacting Head of Placements and Work based Learning placements@northampton.ac.uk

## Personal Details DBS

Should your placement organisation require you to undertake a DBS then the following applies:

Under the General Data Protection Regulation, the University needs to explain which Article 6 condition it is relying on for holding and processing personal data.  In the instance of the DBS information that we process the lawful processing condition is the performance of contractual arrangements you as a student have with us (including your obligations to the professional body).  (Art 6 1(b))

The University shall retain, and may process, this information for the duration of your degree. We may be required to share your details of the DBS with placement providers in order to fulfil our obligations to them and your contractual and professional obligations to such providers.  This information will be held for three years after your degree to demonstrate that the University and you have fulfilled relevant obligations.

The University expects that the student will themselves provide the DBS data to the placement provider. However, students should be aware that in the event that this is not possible for whatever reason, this data will be shared by the University of their behalf.

If you have any concerns regarding sharing DBS data please discuss this with Head of Placements and Work based Learning by emailing placements@northampton.ac.uk

There exists though an exemption within the GDPR that allows organisations to share information about students to placement providers where the student may be working with children and/or adults at risk of harm.  Therefore, please be aware that there are very few circumstances where the University could support withholding information from placement provider relating to health or criminal activity.

# **Part 2: Risk Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Does the WBL organisation comply with the following:** | Yes | No |
| **1** | **Have a written Health and Safety Policy?** |  |  |
| **2** | **Have a policy regarding health and safety training for people working in your undertaking, including use of vehicles, plant and equipment, and will they provide all necessary health and safety training for you?** |  |  |
| **3** | **Is the organisation registered with:** |  |  |
|   | the Health and Safety Executive or |  |  |
|   | the Local Authority Environmental Health Department? |  |  |
| **4** | **Insurance:** |  |  |
|   | Is Employer and Public Liability Insurance held? |  |  |
|   | Will insurance cover any liability incurred by you as a University of Northampton student as a result of your duties? |  |  |
| **5** | **Risk Assessment:** |  |  |
|   | Have they carried out a risk assessment of work practices and premises to identify possible risks whether to employees or to others within their undertaking? |  |  |
|   |   Are risk assessments kept under regular review? |  |  |
|   |   Are the results of risk assessments implemented? |  |  |
| **6** | **Accidents and Incidents:** |  |  |
|   | Is there a formal procedure for reporting and recording accidents and incidents in accordance with RIDDOR? |  |  |
|   | Are there procedures to be followed in the event of serious and imminent danger to people at work in their undertaking? |  |  |
|   | Will they report to the University all recorded accidents involving you? |  |  |
|   | Report to the University any sickness involving you which may be attributable to your work in the setting? |  |  |
| **7** | **Supervision and support** |  |  |
|  | Allow the student to observe and participate in the role as details above |  |  |
|  | Provide supervision as needed |  |  |
|   |   In providing the student with a placement for the minimum number of hours stated above  |  |  |
| **8** | **Other:** |  |  |
|  |  |  |  |
|  | Any other issues or requirements, please list below |  |  |
|  |  |  |  |

# **Part 3: to be completed by Student, Organisation and Tutor**

Signing this document confirms that all parties agree that the placement is suitable to meet the requirements of the student’s programme and agree with the details outlined above.

## Student Completes

Student Signature:

Date:

## Organisation Completes

Clinical Supervisor Signature:

Date:

## Organisation Signature:

Name (if different from above):

Date:

## Tutor Completes

Tutor Signature:

Date:

**Once the form is completed in full, please upload a copy of the completed form to your application portal. Once the form has been recieved by the Admissions office we will be able to progress with your application.**

**The student must also submit a copy of this document to the Office for Placements and Work-Based Learning, and also keep a copy for their own records. The organisation should also retain a copy.**

Contact for queries or further information regarding the work-based learning for this module:

**Jon Mounsey**

**Email:** **Jonathan.mounsey@northampton.ac.uk**

**Phone: 01604 892781**