

PRACTICE PLACEMENTS POLICY/PROCEDURE DOCUMENT CONTROL SHEET

General Document/Version Control Information

1. Document Title	Form SWRA1, Reasonable Adjustments Policy& Procedure – Notification of Applicant/Student Disability
2. Document Author	Practice Placements Policies & Procedures Group
3. Version Number & Status	Version 1.0
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6. Frequency of Review	Annual
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8. Location of Current/Live Document	http://www.northumbria.ac.uk/sd/academic/sches/placements/policies/

Consultation Checklist

	Stakeholder consulted in the development of this document	
1. Practice Placements/School Policies & Procedures Group	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. External Partners/Stakeholders (list details)	Trust Directors of Nursing & Partners within Social Work & Allied Health	
3. University Secretary's Office (Legal)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4. University Secretary's Office (Data Protection/Records & Info.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5. University Secretary's Office (Student Complaints & Appeals)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Equality & Diversity Impact Assessment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. Student and Staff Affairs Committee (for final approval)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8. School Management Group (for sign-off)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Other (please enter details)		

Circulation Checklist

1. Date document circulated	15/07/2009	
2. Document Published to eLearning Portal?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Document Published to Placements Website?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4. Document updated on Shared Drive facilities?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5. Note made to reference document in relevant School literature (Newsletters, handbooks etc?)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Relevant Staff informed via email?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. Relevant School Committees advised? (please list those that apply)		
8. Please list details of those external partners/stakeholders that have been notified of the publication of this document		

FORM SWRA1 - REASONABLE ADJUSTMENT POLICY AND PROCEDURE Notification of Applicant/Student Disability

CONFIDENTIAL DOCUMENTATION

This form is to be completed if it is declared on application form, at interview or after commencement of the programme, that an applicant/student has a disability that could adversely impact upon their ability to access practice placements that are a required component of the programme of study for which they are applying/studying. The consent of the applicant/student should be sought before completing this form.

The form is designed using MS Word Form please complete by commenting in grey dialogue boxes, tick boxes or selecting from drop down menus. Either print off (and complete by hand in black ink) or Save as a Word Document and forward or e-mail to the Practice Placement Office. A copy will be retained within the applicant/student file and by the Practice Placement Office.

Programme Manager completing the form	
Applicant/Student name:	
Programme being applied for/currently being studied	
Date	Click here to enter a date.
Was the disability declared on application form/at interview?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If NO was the disability reported after commencement of the programme?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is this a disability that emerged after the student commenced the programme?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES is it an existing disability? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO is this a new disability? YES <input type="checkbox"/> NO <input type="checkbox"/>
Who reported the disability? (Please use drop down menu)	Please select from menu

<p>With the applicant's/student's consent, please provide brief details (in the dialogue box below) of the nature of the applicants/students disability</p>	
<p>Is it considered that the disability is likely to affect the applicant's/student's ability to access/make effective use of learning opportunities in practice placements?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>NB: If "NO", then no further action required</p> <p>If YES is there a need to refer the applicant/student to University Occupational Health/Disability Services YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, has the applicant agreed with this and referral been made? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Following referral do the University Occupational Health/Disability Service reports recommend applicant /student disability is such that they are able to be recruited to / continue on the proposed programme?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a. If NO do not recruit or for current student consider referral to Professional Suitability Panel</p> <p>b. If YES is there a need to modify/adapt the applicant's / student's planned programme of practice placements? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES has Practice Placement Office been notified? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Has a placement planning team meeting met and agreed a revised plan for placements?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Is there a requirement to make 'reasonable adjustments' in practice placement areas?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES what adjustments might be required? Please provide brief details (in the dialogue box below)</p> <p>a. By the applicant/student</p> <p>b. By the placement provider</p> <p>c. To planned programme of practice placements</p>

Has the placement provider been notified?

YES NO

Name of placement provider contact:

If **YES** are they able to accommodate the suggested reasonable adjustments?

YES NO

If **NO** what other actions may be required to facilitate recruitment of applicant to the programme/student continuing on the programme?

If no satisfactory solutions can be identified

- ❖ **Do not recruit to programme**
- ❖ **Refer to Professional Suitability Panel if concern over student capacity to meet practice requirements of the programme**

ADDITIONAL COMMENTS:

Programme Manager:

Signature: _____

Date: [Click here to enter a date.](#)

Please return this form to:

The Director of Practice Placements, Room B106, Faculty of Health and Life Sciences, Northumbria University, Coach Lane Campus, Benton, Newcastle Upon Tyne, NE7 7XA. Telephone: 0191 2156052, Fax: 0191 2156017.

Up to date contact details for all members of the Practice Placements team can be obtained via the Placements website at www.northumbria.ac.uk/hcesplacements