

## PRACTICE PLACEMENTS POLICY/PROCEDURE DOCUMENT CONTROL SHEET

### General Document/Version Control Information

1. Document Title	Form SWRA2 – Placement Evaluation after Reasonable Adjustment
2. Document Author	Practice Placements Policies & Procedures Group
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### 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 in 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 SWRA2 – REASONABLE ADJUSTMENT POLICY & PROCEDURE  
PLACEMENT EVALUATION AFTER REASONABLE ADJUSTMENT**

**CONFIDENTIAL**

This placement evaluation form is to be completed at the end of a placement where either changes to a planned programme of allocation or reasonable adjustments have been made to facilitate students with disability access practice placements. 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 Practice Placement Office. A copy will be retained in applicant/student file and by the Practice Placement Office.

Applicant/Student name	
Practice Assessor	
Link worker (if allocated)	
Programme being studied (please indicate)	
Details of practice placement	Placement Provider:  Team Base:  Other please specify:
At your training team meeting, were you able to discuss what reasonable adjustments might be needed?	YES <input type="checkbox"/> NO <input type="checkbox"/>  Briefly describe what these were and how they helped you:
Were you oriented / inducted into the practice area within the first week of allocation?	YES <input type="checkbox"/> NO <input type="checkbox"/> Were you informed of any aids, equipments or resources that had been requested / supplied to help you whilst on placement? YES <input type="checkbox"/> NO <input type="checkbox"/>  Were you made aware of the placement provider's disability / equal opportunity policy/procedures? YES <input type="checkbox"/> NO <input type="checkbox"/>

Were the 'reasonable adjustments' identified prior to your allocation to the placement implemented?	YES <input type="checkbox"/> NO <input type="checkbox"/> If not help please indicate why?
Did you review with your training team, the effectiveness of any reasonable adjustments at regular intervals including at your mid-way meeting?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you encountered problems related to reasonable adjustments whilst on this placement did you inform anyone about these problems?	If you selected other please specify
If problems were raised within the training team, what actions were taken to resolve them?	<p><b>Problems/Issues</b></p>        <p><b>Action Taken:</b></p>

**Student Signature:** \_\_\_\_\_

**Date:** Click here to enter a date.

Thank you for completing this evaluation form. After you have discussed it with your Guidance Tutor please forward it to The Director of Practice Placements, Room B104, 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](http://www.northumbria.ac.uk/hcesplacements).

The information will be used in our Continuous Improvement Cycle and returned to practice areas to enhance the collaborative review process and provide feedback between placement providers and the University.