

PRACTICE PLACEMENTS POLICY/PROCEDURE DOCUMENT CONTROL SHEET

General Document/Version Control Information

1. Document Title	Form SWWB1 – Whistleblowing Report (Social Work)
2. Document Author	Practice Placements Policies and Procedures Group
3. Version Number & Status	Version 1.0
4. Date submitted for Final Approval	23/06/2009
5. Document Approved On (Date)	23/06/2009
6. Frequency of Review	Annual
7. Date Next Review Due	01/08/2014
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)	Social Work Partner Agencies	
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 SWWB1 WHISTLEBLOWING REPORT

CONFIDENTIAL

(For Placement Provider Staff / University staff member)

Please complete this form by commenting in the grey shaded 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 those identified in 4.5 with a copy to the Director of Practice Placements at the address at the end of this form. A copy will be retained within the applicant/student file and by the Practice Placement Office.

NB: This form should be completed by a member of Practice Placement staff, or a member of University Academic Staff, and forwarded as detailed above.

Name person completing this report?	
Designation of person completing the report	
Student Name	
Programme of Study, Year and Level	
Home Address	
Student Telephone Number	
Student Mobile Telephone Number	
Practice Assessor Name and Contact Details	
Link Worker (if applicable) and Contact Details	
Agency Placement Coordinator or Manager and Contact Details	

Guidance Tutor and Contact Details	
University Placement Coordinator and Contact Details	
Programme Manager and Contact Details	
Name and Address of Placement Area where incident occurred	
Date and Time of Incident	
Date Report Received	

ISSUE/INCIDENT DETAIL:
(Please include dates and times of any incidents reported).
NB: If a patient/client/pupil or service user is involved, DO NOT include their personal details on this form.

Placement Provider/University staff signature (Please delete as appropriate):

Designation of person completing the report:

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

ACTION TAKEN: Please provide brief details of any action taken in response to the issue/incident

Has the Placement Provider / University been informed (Please delete as appropriate)?

YES NO

If NO please indicate why:

ACTION TAKEN: Please provide brief details of any action taken in response to the issue/incident

Name of person informed:

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

Provide details of action plan agreed:

Has the Director of Practice Placements Informed?

YES NO

If NO please indicate why:

Placement Provider / University staff signature (Please delete as appropriate):

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

Please return a copy of this form to those identified in 4.5 (contact details above) and this form to: Director of Practice Placements, B106, Coach Lane Campus (West), Northumbria University, Coach Lane, Benton, Newcastle Upon Tyne, NE7 7XA

Telephone: 0191 2156052

Fax: 0191 2156017