Academic Policy and Procedures







University Centre South Devon Health Professions and Nursing

Educational Audit Procedure

This procedure is applicable solely to Health Professions and Nursing Programmes



Document Control

Document Approved by: HEAB	Date of Approval: Nov 23
Review by: Health Professions and Nursing	Review Date: Dec 24
Date of Implementation:	CPD to support Implementation:
Version: 5.0	Author: M Woodger

REVISIO	REVISION HISTORY						
Ver	Date	Author	Description				
1.0	12 Nov 19	J Hall	Conception				
2.0	17 Nov 20	M Woodger	Updated to reflect department name				
3.0	11 Nov 21	M Woodger	Updates to roles				
4.0	March 22	M Woodger	Contact details and updates to appendices to reflected process changes				
5.0	11 Nov 23	K Jones	Full review				

APPRO	APPROVAL						
Ver	Committee	Date Approved	Comments				
1.0	HEAB	12 Nov 19	Approved				
2.0	HEAB	17 Nov 20	Approved				
3.0	Health Professions and Nursing Committee	11 Nov 21	Approved				
4.0	HEAB	March 22	Approved – Chairs Action				
5.0	НЕАВ	11 Nov 23	Approved				

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Introduction

South Devon College carry out audits of placement areas in line with the NMC Quality Assurance Framework for Nursing, Midwifery and Nursing Associate Education (2018) and the HCPC Standards of Education and Training (2017) for approved education institutions (AEIs). South Devon College works in partnership with practice placement providers in the delivery of educational programmes and remains the accountable body for managing quality and controlling risk, related to the practice learning environment. The educational audit is used as a risk assessment tool to monitor and evaluate the practice learning environment and as a means to disseminate good practice and jointly develop an action plan for areas in need of development and improvement.

Guidance

The purpose of the Practice Placement Audit is to monitor the ongoing quality of the practice learning environment. The practice placement audit process is a partnership South Devon College and Placement Providers.

Within the Education Commissioning for Quality Framework (ECQ) (DoH, 2009) and embedded within the NHS Education Outcomes Framework (EOF) (DoH, 2013) South Devon College will work in partnership with NHS and Health Care Providers to ensure there are sufficient high quality practice placements for healthcare learners.

The Quality Assurance Agency for Higher Education (QAA, 2018) articulates its Guidance for work-based learning within its Advice and Guidance Section. Therefore each HEI must have placement policies, procedures and processes to meet this Code of Practice and also the requirements of the Education Outcomes Framework (2013).

The placement provider is responsible for the health and safety of the learner whilst on placement and it is noted by the Universities and Colleges Employers Association (UCEA) (2009) that a placement is an integral part of the learner's course and that the HEI has the right to refuse to approve any placement on health and safety grounds.

These requirements have been reinforced by Health and Care Professions Council (HCPC) and the Nursing and Midwifery Council (NMC). HEI and service provider partners, in the maintenance of quality practice placements for learners, ensure the professional and inter-professional learning opportunities maximise the achievement of specific learning outcomes.

Managing practice-focused learning must be demonstrated both at approval and through the ongoing monitoring of all programmes. Within this principle the NMC (2018) states that 'regular' audits of practice must confirm that resources are available to support the stated maximum numbers of learners in their achievement of specific learning outcomes at any one time. Regular auditing is noted as meaning that it should be undertaken at least twice per year. The HCPC, however, is less

specific but does require "a thorough and effective system for approving and monitoring all placements." The Practice Based Clinical Facilitator (PBCF) is responsible for ensuring the provision of high quality multi-professional learning environments within a defined Trust. The PBCF works flexibly crossing organisational boundaries to support the full breadth of the student experience.

The Audit is to be completed within a biennial year cycle.

This document has been developed to meet the principles set out by the NMC, the HCPC, the EOF and the Care Quality Commission (CQC).

Web sites to visit for further information on the above:

http://www.qaa.ac.uk http://www.hpc-uk.org http://www.nmc-uk.org http://www.ucea.ac.uk

http://www.dh.gov.uk/publications

Audit Process

The audit process is in accordance with both of the named QA Frameworks named above, that requires evidence of partnership between education and service to ensure continuing quality of provision. For new placement hosts the process in Appendix 2 is followed, the form in Appendix 3 is then completed and visit undertaken by an Academic of South Devon College. The new placement host will then join the existing audit cycle for the particular Trust or Organisation.

Audits will generally be carried out every two years and use the criteria in Appendix 1. The audit cycle encompasses one organisation as a whole to enable Placement Leads and South Devon College's Health Professions and Nursing team to review the entire organisation and draw action plans for both individual areas and the organisation as a whole.

South Devon College will visit the placement provider to carry out 20% of the audit, and work with the Placement Team. South Devon College will carry out the remaining 80% of audits via email, supported telephone call or by reviewing the self-assessed audit completed by the placement host and signed off by the Head of Health Professions and Nursing.

All placement areas have access to their audit documents designated access. This enables practice partners to edit the document and to up-date the document on a regular basis as actions are taken as specified in the plan.

Prior to an audit it is expected that the auditor will:

- Check previous feedback and evaluations from students and mentors/supervisors
- Check national sites for quality information on the practice area

When conducting the face to face audit it is expected that auditors should walk around the area, talk to service users, visit spoke placements observing for quality and health and safety.

For areas that do not meet any of the criteria, an Action Plan will be devised. The action plan will be reviewed three months following the audit by the Academic and Placement Development Leads to monitor that actions have been taken in line with the Action Plan and recorded.

The Action Plan will continue to be monitored until all actions have been carried out. If some actions are still outstanding after six months, South Devon College will meet with the Trust or Organisation to resolve any outstanding issues.

Process following placement closure

Concerns raised for existing placement areas may generate a formal educational audit conducted in partnership with South Devon College and the placement provider. Triggers for reporting concerns in practice may come from students or mentor evaluations, or untoward incidents and concerns or external intelligence, for example CQC and HEE.

Where a placement area has been shut down due to concerns, a reactivation audit will take place before the placement area is again available for students. The same audit process as for new placements will then be followed see Appendix 2. However, the reactivation form at Appendix 3 is also used.



Appendix 1 – Clinical Placement Audit

Health Professions and Nursing Clinical Placement Audit

The aim of the Placement Audit is to ascertain continuing assurance that the placement learning environment provides safe and supportive learning meeting the standards required by the Quality Assurance Agency, Health and Care Professions Council and Nursing and Midwifery Council.

All sections of the audit are mandatory. You must select an appropriate rating and provide evidence.

The Audit review is undertaken bi-annually, placement areas are required to demonstrate evidence in support of the following standards:

1. Partnership between the practice placement area and the College

- 1.1 Evidence of a satisfactory level of College/placement communication
- 1.2 Evidence of a satisfactory level of support for the placement area from the College
- 1.3 Placement contact information is up to date
- 1.4 Evidence that student feedback is regularly reviewed and actions taken as required
- 1.5 Evidence of systems that are in place for notification of adverse incidents that may affect safe and effective learning

2. Student support

- 2.1 Placement areas provide induction and orientation for all students
- 2.2 Availability of adequate number of appropriately prepared mentor/educators

2.3 Mentor/educators are prepared and regularly updated on the students' programme and assessment

3. Learning and Teaching

- 3.1 Students have opportunities to participate in all aspects of patient assessment, treatment and care under direct indirect and supervision in a supernumerary capacity
- 3.2 Students have opportunities to observe and participate in inter-professional and multidisciplinary working
- 3.3 Students have opportunities to enable them to demonstrate application of knowledge to practice

4. Student progression and achievement

- 4.1 Processes are in place to identify and raise concerns relating to student performance
- 4.2 There is a collaborative approach to ensure objectivity and parity of student practice assessments

Date of last CQC Inspection	
CQC Action Plan (if relevant to	
student placements, if not,	
state N/A)	
Date of last Ofsted	
Inspection (if applicable, if	
not, state N/A)	
Ofsted Action Plan (if relevant	
to student placements, if not,	
state N/A)	
Date of last UKAS (IQIPS)	
Assessment (if applicable, if	
not, state N/A)	
UKAS Action Plan (if relevant	
to student placements, if not,	
state N/A)	

All sections of the audit are **mandatory**. You must select an appropriate **rating** and provide evidence.

Standard 1 – Partnership between the practice placement area and South Devon College

1.1 Knowledge of who to contact at the College

	Please	Evi	dence:			
	Tick					
Not Met		1.	Whom do you have contact with from the College?			
At Risk						
Making Progress						
Fully Met		2.	Provide examples of your communication(s)			
Excelling		3.	eg email/phone calls/meetings: Any other comments/evidence:			
Action Plan	,	,	Action Review Responsibility Date			

1.2 Evidence of sufficient support from the College when required

	Please Tick	Ev	idence:			
Not Met		1.	Can you provide (an) example(s) of when you have received support from the College as placement host?			
At Risk						
Making Progress						
Fully Met		2.	Provide evidence of accessing information:			
Excelling		3. Any other comments/evidence:				
Action Plan	·		Action Review Responsibility Date			

1.3 Evidence of up to date placement contacts listed Clinical Placement System

	Please Tick	Evidence:				
Not Met		1. When did you last update the contacts				
At Risk		list?				
Making Progress						
Fully Met						
Excelling						

List amendments if required:

Name	Job Title (Are they a student contact?)	Phone No	Email	Action Required

 $1.4\ Evidence\ student\ evaluations\ are\ reviewed\ and\ discussed\ with\ the\ Team/Manager\ and\ action\ plans\ implemented\ as\ required.$

Please Tick	Evidence:			
	1.	Provide evidence of evaluation:		
	2. Provide evidence of an action plan being implemented as a result of feedback (if applicable):			
	3. What is your star rating?			
	4.	Is there an organisation level action plan? Provide a briefoverview		
		Action Review Responsibility Date		
	Please Tick	Tick 1. 2. 3.		

1.5 Indicate or describe the system(s) in place for prompt notification of adverse incidents that may affect safe and effective learning

	Please	Ev	idence:			
	Tick					
Not Met		1.		n policy relating a description of		
At Risk						
Making Progress						
		2.		reports forwar	ded t	o the South
Fully Met			Devon C	ollege?		
Excelling						
		3. When the last CQC report and what were the actions?				
		4.	Any oth	er comments/e	vide	ence:
Action Plan		•		Action Review		Responsibility
				Date		-

Standard 2 - Student support

2.1 Evidence of the provision of adequate induction, orientation and training essential to the practice area

	Please	Evidence:						
	Tick							
Not Met		st	What do you have in place to ensure the students are inducted to the clinical area (e Student Induction Checklist)?					
At Risk		S						
Making Progress								
Fully Met		1	. Is the orientation / induction information up to date?					
Excelling		100						
		re	3. Do the student placement evaluation responses/comments confirm there was adequate induction, orientation and training?					
Action Plan	1		Action Review Date	Responsibility				

 ${\bf 2.2\ Evidence}\ the\ Mentor/Educator\ Register is\ up to\ date\ as\ part\ of the\ audit\ process$

Table pulled through from Clinical Placement Secure Drive					
I co	onfirm that the Mentor Register and mentor details above are correct				

fourname:Date:						
f your Mentor/ Educato Education team.	r Register is no	ot up to	date, please contact the Clinical			
f your Mentor Register email your Mentor Regis			he Clinical Placement secure Drive, please thdevon.ac.uk now.			
	Please Tick	Evic	lence:			
Not Met At Risk		1.	List/provide evidence of allocation of student to mentor (duty roster or other)			
Making Progress		_				
Fully Met						
Excelling		2.	Do the student placement evaluation responses/comments confirm the student(s) were informed of who their mentor/educator was before or on arrival in the clinical area?			
confirm that there are	e sufficient me	entors	to support the number of learners below:			
Yourname:			Date:			
			l at any time:			

Student Type	Category	Max number	Max number
,		by Year 1	by Year 2
		•	
Assistant Practitioner			
(Nursing - Adult)			
Assistant Practitioner			
(Nursing – Mental Health)			
Assistant Practitioner			
(Nursing - Child)			
Assistant Practitioner			
(AHP - Physiotherapy)			
Assistant Practitioner (AHP -			
Occupational Therapy)			
Assistant Practitioner (AHP -			
Podiatry)			
Assistant Practitioner			
(Speech and Language			
Therapy)			
Assistant Practitioner			
(ODP – Perioperative			
Surgery Care)			
cargory care,			
Assistant Practitioner			
(Radiology)			
Nursing Associate			
Hearing Aid Audiology			
2			
Community Health and			
Wellbeing			
Enhanced Care Worker			
(social care)			

Action Plan	Action Review	Responsibility
	Date	

2.3 Evidence that Mentors/Educators/Supervisors/Trainers are aware of student placement outcomes and agree, monitor and refine with students an individual plan of the placement experience

	Please	Evidence:			
Not Met	Tick		ide evidence of staff tor Update session		
At Risk					
Making Progress					
			he student placem onses/comments con		
Fully Met		responses/comments confirm the Mentor / Educator was familiar with the assessment documentation and overall programme?			
Excelling					
		3. Do the student placement evaluation responses/comments confirm the student(s) were provided with opportunities to meet and discuss their progress towards placement outcomes?			
		4. Any	other comments/e	vidence:	
Action Plan			Action Review Date	Responsibility	

Standard 3 - Learning and Teaching

3.1 Identify how students participate in all aspects of patient assessment, treatment and care under direct/indirect supervision in a supernumerary capacity

	Please	Evidence:			
		Evidence.			
	Tick				
Not Met		1.	Provide a	a brief overview of S	outh Devon
			College's	s supernumerary pi	rocedures
At Risk		İ	andwhe	ereitcan found:	
At NON					
		-			
Making Progress					
		2.	Do the	student placement	evaluation
Fully Met			response	es/comments confirn	the student(s)
			=	ımerary status was	• •
P 112		-	Superint	illicial y Status was	apiiciai
Excelling					
		١.			
		3.	Any oth	er comments/evid	ence:
A stiers Diese					
Action Plan				Action Review	Responsibility
				Date	

3.2 Describe how students are enabled to demonstrate application of knowledge to practice, including observing inter-professional and multi-disciplinary learning

	Please Tick	Evidence:
Not Met		1. Provide examples of evidence based teaching accessible to students:
At Risk		

Making Progress Fully Met	2. Provide examples of inter-professional learning opportunities:	
Excelling	3. Provide examples of peer learning:	
	4. Are these examples captured on Clinical Placement Secure Drive?	
Action Plan	Action Review Date	lity

Standard 4 – Student progression and achievement

4.1 Describe the process you use to recognise and promptly address any cause for concern related the student's performance I progression

	Please Tick	Evidence:
Not Met		Provide a brief summary of the process to address cause for concern:
At Risk		Are staff able to:
Making Progress		1. Access student assessment documents?

Fully Met	2.	Underst	and the assessme	nt process?
Excelling	4.	information Placement Mnowwh further s	essessment and prog tion on Clinical ent Secure Drive? notocontact within support (1.1)? er comments/evid	the College for
Action Plan			Action Review Date	Responsibility

 ${\bf 4.2\ Describe}\ how your team works collaboratively to ensure how to support students\ through\ the\ assessment process:$

	Please	Evidence:
	Tick	
Not Met		Provide a brief summary of how you support students with their assessment documentation and process:
At Risk		
Making Progress		

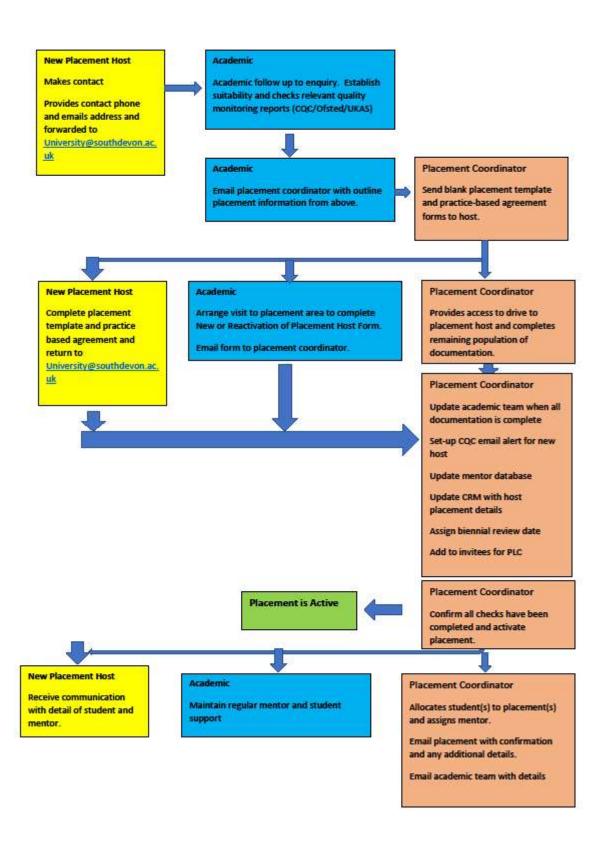
Fully Met	1.	Do you o mentor	perate Team mento ing?	oring or Buddy
Excelling	2.	Are staf	f able to attend Mei	ntor Updates?
	3.	Do staff	undertake CPD?	
	4.	Any oth	er comments/evide	ence:
Action Plan			Action Review Date	Responsibility

Declarations

This audit has been undertaken with:

Audit completed by:	Date:		
		Yes	No
The practice placement area m standards:	eets the required		
The practice placement area agree plan(s):	ed with the action		

Appendix 2 - Flow Chart of Audit Process



Appendix 3 - Record of Review of New or Reactivation of Placement Host



Record of Review of New or Reactivation of Placement Host Prospective Placement Host

- All prospective placement hosts will be visited and evaluated for suitability for South Devon College
 pre-registration nursing associate, Hearing Aid Audiology, Assistant Practitioner, Community health and
 Wellbeing and Enhanced Care Worker students by an Academic.
- Please email <u>university@southdevon.ac.uk</u> <u>before</u> a prospective visit so a skeleton placement provider profile can be set up.

Reactivation of Placement Host

- If deactivated because of staffing issues Programme Coordinator for Health Professions and Nursing can reactivate.
- Reactivation will require a visit if deactivated because of a SUI/CQC/UKAS report and an Academic must visit.

NB: A Placement Host will not be made active until there is a **signed WBA** in place and evidence of **in date mentors** to support students. **Completion** of this process will initiate activation of placement and commencement of the biennial audit cycle. **Do not allocate students before activation**.

Reason for reactivation (if applicable):	
Date of Visit:	
Name of Academic undertaking evaluation:	
Phone Number:	
Name of designated Academic Lead:	
Phone Number:	
Name of overarching organisation (e.g. Trust	/Hub) and contact details:
Address:	
Destande	
Postcode: Phone Number:	
Phone Number.	
Prospective Placement Host Name:	
Address of Placement Host:	
Postcode:	
Phone Number	
Placement Host Contact Name(s):	Contact Email Address:

Student Type	Category	Max number by Year 1	Max number by Year 2
Assistant Practitioner (Nursing - Adult)			
Assistant Practitioner (Nursing – Mental Health)			
Assistant Practitioner (Nursing - Child)			
Assistant Practitioner (AHP - Physiotherapy)			
Assistant Practitioner (AHP - Occupational Therapy)			
Assistant Practitioner (AHP - Podiatry)			
Assistant Practitioner (Speech and Language Therapy)			
Assistant Practitioner (ODP – Perioperative Surgery Care)			
Assistant Practitioner (Radiology)			
Assistant Practitioner (other - please state)			
Nursing Associate			
Hearing Aid Audiology			
Community Health and Wellbeing			
Enhanced Care Worker (social care)			

1	(http://www.cqc.org.uk/ / https://reports.ofsted.gov.uk/ /https://www.ukas.com)? (A report with areas for improvement might not prevent a placement being used but should facilitate discussion.)					No
2	If the report is not satisfactory, please give has improved since the review.	details	s of yo		ling how ca	are
3	Are there policies and procedures in place for dealing with issues such as Infection control, medication management, manual handling, safeguarding, conflict resolution?	Yes	No	Comment(s):		
4	Is there evidence of staff training – CPD Development?	Yes	No	Comment(s):		
5	Can care and compassion be evidenced either through interactions or paperwork?	Yes	No	Comment(s):		
6	How many staff are available to mentor students: Please capture the mentor details below if not already on system database					

Name of Mentor 1	
Work Email Address (NHS/ Trust email)	
Job Title	
Full Time/ Part Time	
Professional Registration/ Type of Practitioner (eg Nurse Adult / Occupational Therapist)	
Mentor/ Educator Type (eg Mentor / Sign Off)	
Mentor/ Educator/ Preparation/ Qualification	
Level (eg Degree / Post Grad)	
Date Qualification Obtained	
Date joined local Mentor Register or Triennial Review Completed	
Name of Mentor 2	
Work Email Address (NHS/ Trust email)	
Job Title	
Full Time/ Part Time	
Professional Registration/ Type of	
Practitioner (eg Nurse Adult / Occupational Therapist)	
Mentor/ Educator Type (eg Mentor / Sign Off)	
Mentor/ Educator/ Preparation/ Qualification	
Level (eg Degree / Post Grad)	
Date Qualification Obtained	
Date joined local Mentor Register or Triennial Review Completed	

Name of Mentor 3	
Work Email Address (NHS/ Trust email)	
Job Title	
Full Time/ Part Time	
Professional Registration/ Type of Practitioner (eg Nurse Adult /Occupational Therapist)	
Mentor/ Educator Type (eg Mentor / Sign Off)	
Mentor/ Educator/ Preparation/ Qualification	
Level (eg Degree / Post Grad)	
Date Qualification Obtained	
Date joined local Mentor Register or	
Triennial Review Completed	
Name of Mentor 4	
Name of Mentor 4 Work Email Address (NHS/ Trust email)	
Work Email Address (NHS/ Trust email)	
Work Email Address (NHS/ Trust email) Job Title	
Work Email Address (NHS/ Trust email) Job Title Full Time/ Part Time Professional Registration/ Type of Practitioner (eg Nurse Adult /	
Work Email Address (NHS/ Trust email) Job Title Full Time/ Part Time Professional Registration/ Type of Practitioner (eg Nurse Adult / Occupational Therapist) Mentor/ Educator Type (eg Mentor / Sign	
Work Email Address (NHS/ Trust email) Job Title Full Time/ Part Time Professional Registration/ Type of Practitioner (eg Nurse Adult / Occupational Therapist) Mentor/ Educator Type (eg Mentor / Sign Off)	
Work Email Address (NHS/ Trust email) Job Title Full Time/ Part Time Professional Registration/ Type of Practitioner (eg Nurse Adult / Occupational Therapist) Mentor/ Educator Type (eg Mentor / Sign Off) Mentor/ Educator/ Preparation/ Qualification	
Work Email Address (NHS/ Trust email) Job Title Full Time/ Part Time Professional Registration/ Type of Practitioner (eg Nurse Adult / Occupational Therapist) Mentor/ Educator Type (eg Mentor / Sign Off) Mentor/ Educator/ Preparation/ Qualification Level (eg Degree / Post Grad)	

7	Please identify any training needs for mentors and develop an action plan to support progression:			
8	Students will participate under direct /			Comment(s):
	indirect supervision overseen by a named mentor in the delivery of treatment and care in a supernumerary capacity.	Yes	No	
9	The practice placement area will provide students with an orientation/induction to each practice placement area and ensure that the student completes the organisational induction as appropriate within 48 hours.	Yes	No	Comment(s):
10	Practice placement areas will provide diffethrough observing skilled professionals de		_	

11	Ac	ademic Activity / Action Plan			Comment(s):
	1.	Have you explained the nature of the programme and assessments that the students will be studying?	Yes	No	
	2.	Have you shown the placement host CPSD and how to log into CPSD?	Yes	No	
	3.	Have you arranged a Mentor update?	Yes	No	
	4.	Have you provided an overview of the associated assessment documentation for mentors?	Yes	No	
	5.	Have you sent out Mentorship application forms?	Yes	No	
	6.	Have you supported the preparation of an induction / orientation package for students?	Yes	No	

12	Placement Support and			Comment(s):
	Placement Compliance			
	Action Plan:			
	Have you set up skeleton of Placement on CPSD?	Yes	No	
	2. Have you sent Login Access?	Yes	No	
	3. Have you sent a blank Placement template to the placement host?	Yes	No	
	Have you checked WBA status and actioned as applicable	Yes	No	
	5. Have you set up Mentors on CPSD Mentor Register?	Yes	No	
	6. Have you created a CQC alert (for new placement hosts)?	Yes	No	
	7. Have you created an audit cycle?	Yes	No	

NB: A placement will be made Active only when:

- 1. Reason for Reactivation is stated (if applicable).
- 2. Placement compliance is in receipt of a signed WPA from the host organisation.
- 3. Confirmation of active mentor(s) to support student(s).

Email this form to: <u>University@southdevon.ac.uk</u> and title Clinical Placement