**Student declaration form - Placements**

All Healthcare Science students undertaking pre-registration programmes are required to complete this form annually and prior to the first placement of the academic year.

It is important to obtain confirmation that you understand the commitment that placement learning requires and you have prepared for the placement appropriately.

The form must also be completed when circumstances change in year that may impact the suitability of pre-planned placements. This declaration covers all approved NHS and non NHS placement providers throughout Wales for an academic year. It also covers elective placements within the UK and internationally.

It is the student responsibility to inform their Personal Tutor when circumstances change in year.

Standard Declaration (Risk Category A)

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| Student Name: | Student ID number: | |
| Programme of Study |  | |
| Mobile Telephone: | University email: | |
| I hereby confirm that I have discussed the following with my personal tutor:   * I have attended all required placement briefing sessions. * I have completed all mandatory training. * I will attend the placement as required by the placement provider. * I will attend all in-placement induction and training sessions. * I will behave in a safe and professional manner, and will follow all Health and Safety procedures and inform the placement provider and the University of any concerns. * I understand that the principal method of contact that the University will use to keep in touch with me whilst I am on placement is email, and I undertake to check my University email account regularly. * I will participate in placement evaluation activities as required. | | |
| Student Signature: | | Dated: |
| Personal Tutor Signature: | | Dated: |

*Note:*

*Where a student identifies a condition or circumstance that may impact upon their ability to complete the placement safely, or that may require a reasonable adjustment, the School should discuss the position with the student. If the information provided by the student appears likely to impact upon the placement, the student must be informed that the placement cannot proceed until the placement provider has been notified of the relevant information and consideration given to how any additional risk can be managed. If the student refuses to consent to the information being disclosed, then the* *placement cannot proceed. Advice and guidance regarding appropriate support and adjustments can* *be obtained from the Disability & Dyslexia Service*

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| Do you have a disability, medical condition or protected characteristic which could impact upon your ability to carry out the activities required by the placement safely?  Please follow the link below to the Disability and Dyslexia Service regarding disability, inclusivity, protected characteristics.  <https://intranet.cardiff.ac.uk/students/health-and-wellbeing/how-we-are-inclusive/disability>  Please follow the link below to the Disability and Dyslexia Service regarding home, study, exams, assessment and feedback, extenuating circumstances, protected characteristics.  <https://intranet.cardiff.ac.uk/students/study/exams-and-assessment/extenuating-circumstances/protected-characteristics>  Have you already declared this information to the University  *(Do not provide details on this form. If you select ‘Yes’ you will be contacted by the School to discuss the position. No information will be passed to the placement provider without your consent.)* | | Yes/No  Yes/No |
| **Declaration**  *(If you are uncertain whether you are able to comply with any aspect of the following declaration, you should arrange to discuss the position with the School before you sign the declaration.)* | | |
| Signed: | Dated: | |
| I understand the information shared with placement providers will be done to ensure appropriate provision can be fully supported, including the identification and management of any risks. University e-mail address and contact telephone number provided to placement providers is done so to strengthen communication between both parties prior to the commencement of placement.  You can opt out of one or both of the options below, if you choose to do so it is on the understanding that this may impact on your placement experience  I hereby understand and consent to the following:   * My University e-mail address and contact telephone number can be shared with placement providers.   Yes  No   * Information shared with placement providers will be done so that I am able to achieve practice learning outcomes.   Yes  No | | |
| Signed: | Dated: | |