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**Agency Profile – Practice Learning**

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| --- | --- |
| Name of Establishment(placement site) |  |
| Name of parent organisation (if relevant) |  |
| Contact Name |  |
| Position in Agency |  |
| Address |  |
| Email address |  |
| Telephone |  |

**1. Type of placement**

 **Please select the appropriate statutory status of the** Statutory / Non Statutory **placement setting**

 **Please select which service user focus best applies** Children and Families

 Adult

 Carers

**2. Geographical area covered**

**3. Please select the type of service provided by the placement (Tick all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Adoption & Fostering |  | Adult Placement |  |
| Advice, Advocacy, Information & Guidance |  | Asylum Seekers |  |
| Black & Minority Ethnic Support Services |  | Care Management |  |
| Carers & Carer Support Services |  | Children & Family Support, Assessment & Resources |  |
| Domestic Violence |  | Drug/Alcohol/Substance Misuse |  |
| Education Social Work |  | Emergency Duty Team |  |
| Emotional/Behavioural Difficulties |  | Gay & Lesbian Support Services |  |
| HIV/Aids |  | Homelessness |  |
| Housing |  | Inclusion |  |
| Learning Difficulties & Disabilities |  | Leaving Care |  |
| Mediation Work |  | Mental Health |  |
| Multi-disciplinary Teams (Chronic & long-term illness) |  | Multi-disciplinary Teams (Rehab & Recovery) |  |
| Occupation Related Services |  | Offenders |  |
| Palliative Care |  | Personalisation (Direct Payments) |  |
| Physical Disabilities |  | Private Law |  |
| Respite Care |  | Safeguarding & Child Protection |  |
| Safeguarding & Vulnerable Adults |  | Safeguarding Vulnerable Elders |  |
| Sensory Impairment  |  | Transitions (incl. looked-after children) |  |
| Other services (specify) |

**4. Please select which type of service delivery setting best applies (Tick all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Assessment Centres |  | Community |  |
| Day services & Facilities |  | Domiciliary |  |
| Field Work |  | Healthcare, Medical Community & Hospital facilities |  |
| Offender Institutions, Penal & Secure Units |  | Residential |  |
| Schools & Education Units |  | Service User or Carer-led Organisations |  |
| Other (specify) |

**5. Are there opportunities for:**

|  |  |  |
| --- | --- | --- |
| Meeting the Social Work England (SWE) Professional Standards of proficiency and Standards of conduct, performance and ethics? | Yes | No |
| Meeting the PCF Domains | Yes | No |
| Formal assessment of risk, safeguarding and use of authority? | Yes | No |
| Working alongside social workers? | Yes | No |
| Learning from other team members? | Yes | No |
| Learning from other teams? | Yes | No |
| A formal induction process (*Please note, the university Co-ordinator will need to see examples of this)*  | Yes | No  |

**6. Agency Responsibilities:**

|  |
| --- |
| **Please comment on:** *Your core tasks**Key partners**Working patterns e.g. shifts**Where referrals came from**Learning opportunities for the students such as shadowing, multidisciplinary working, case manage etc*: |

**7. Nature of Service Use/Carer involvement in the service**

|  |
| --- |
| *Please state what the service user involvement in the service is:* |

**8. Practice Educator & Workplace Supervisor information**

**Name of On-site practice educator**

**Name of On-site practice supervisor and off-site practice educator, if applicable:**

**9. What level of qualification does the Practice Educator have?**

|  |  |  |
| --- | --- | --- |
| Achieved Practice Educator Programme in line with new Practice Educator Professional Standards (PEPS Stage 1) |  | Date  |
| Achieved Practice Educator Programme in line with new Practice Educator Professional Standards (PEPS Stage 2)  |  | Date  |
| Working towards Practice Educator Standards (Stage 1) |  | Date  |
| Working towards Practice Educator Standards (Stage 2) |  | Date  |
| Practice Teaching Award |  | Date  |

**10. Does the on-site supervisor have a social work qualification? YES / NO**

|  |
| --- |
| *Please identify the experience/qualifications to enable you to assess/supervise a student:* |

**11. Key Agency policies**

|  |
| --- |
| *Please state the key agency policies and how they are implemented e.g. equalities and diversity, lone working etc:* |

**12. Are the placement funding arrangements clear? YES / NO**

**13. Does the Agency contribute towards the Student’s travel expenses? YES / NO**

**14. Does the student need to be car driver? YES / NO**

**15. Is there any other specific information about this practise learning environment,**

 **which may** **affect the allocation of any student e.g. disabled access, learning**

 **support etc?**

**YES / NO**

 **If yes, please outline:**

**To be completed by the University of Worcester**

|  |  |  |
| --- | --- | --- |
| **This practice placement meets the required quality standards for:**

|  |
| --- |
| 70 Days Yes/No |

|  |
| --- |
| 100 Days Yes/No  |

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| **Name of HEI**  | University of Worcester  |
| **Name of HEI representative** | Lesley Parish  |
| **Title of HEI representative****Date** 2019  | Practice Facilitator  |