



**UNIVERSITY of
WORCESTER**

Institute of Education

Placement Exceptional Circumstances Form

If there are exceptional circumstances which you would like the Partnership Team to consider regarding your forthcoming School Experience, you must complete this form and email an electronic copy to the Partnership office at primarypartnership@worc.ac.uk, **as soon as possible**. (Please see qualifying criteria)

Concerns will not be discussed until this form has been completed and the Partnership team have had an opportunity to consider your situation.

Name:

Contact details (mobile phone no & email):

Course/Year:

School allocated to you:

Signed: **Date:**

Please outline below, in as much detail as possible, the reasons why you are unhappy undertaking your School Experience in the above school.

Qualifying criteria:

(All circumstances will need to be supported by evidence)

The following represent grounds for the submission of a claim

- ✓ Serious illness
- ✓ Serious illness of partner, relative or friend
- ✓ Bereavement
- ✓ Significant changes in personal circumstances (eg. Licence revoked)

You will normally receive a written response within 5 working days (approx).