**Student Information Placement Profile**

**Occupational Therapy AND / OR Physiotherapy**

* This information will be given to the student prior to starting placement and therefore must be specific to your individual placement.
* Please ensure that you are clear about what you would like the student to prepare, written in a student-friendly manner!

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| Name of placement  **\*TO ENSURE YOUR STUDENT RECEIVES THE CORRECT INFORMATION PLEASE USE THE NAME SHOWN ON ARC\*** |  | Address of placement base, including department student should report to |  |
| Name, email address & telephone no of your organisational placement co-ordinator (if applicable) |  | Name, email address & telephone no of Named Practice Educator/s |  |
| Person with whom student should make contact before the placement. Please indicate best form of communication. | Name:  Email/Phone: | Department Emergency Contact Email / Phone |  |
| Placement Type  **(please delete as appropriate)** | Inpatient Outpatient  Community Other | Year of study placement is appropriate for **(please delete as appropriate)** | Year 1 BSc Year 2 BSc / Y1 MSc  Year 3 BSc / Y2 MSc All years |
| What key learning opportunities are available? |  | What would you like the student to read about / prepare prior to placement |  |
| Transport / travel requirements  **(Please delete as appropriate)** | -Bus/train station is ………. minutes’ walk  -Placement only accessible by car  -Parking available at……………. costs……… | Lunch requirements  **(please delete as appropriate)** | -Food available to purchase  -Packed lunch necessary |
| Uniform requirements  **(please delete as appropriate)** | -Formal clinical uniform: tunic & trousers  -Relaxed clinical uniform: polo shirt & trousers/ tracksuit bottoms  -Own clothing: specify appropriate attire | Usual Hours of Work  **(please specify start and finish times and any alternative working patterns)** |  |
| Any other information you would like your student to know prior to placement commencing | |  | |