



Request for Elective Practice Experience

ALL sections must be completed and supporting information attached before this form will submit.

Please note that each request may incur an administration fee of £150.

Name of student:

Contact details:

Mobile number:

Email address:

University:

Programme
of study:

Practice experience dates:

From:

To:

Practice
experience area:

Reason for
application to
IOW NHS Trust:

Do you intend to seek employment with IOW NHS Trust on qualification: YES NO

Intended learning
outcomes for this
practice experience:

Practice Assessor and Practice
Supervisor requirements:

The following evidence is required before any offer of a placement can be considered.

Evidence of the following Statutory & Mandatory Training (UK Core Skills Framework):

Date of Completion:

Conflict Resolution:

Equality, Diversity and Human Rights:

Fire Safety:

Health, Safety & Welfare:

Infection Prevention & Control:

Preventing Radicalisation:

Information Governance:

Moving & Handling:

Adult Basic Life Support (Inc AED):

Paediatric BLS:

Safeguarding Adults:

Safeguarding Children:

Please ensure the following evidence is attached before sending your request through):

Covering letter from University authorising placement request:

DBS Enhanced Clearance Disclosure Number:

Date:

Occupational Health Level 2 Clearance (Date):

Reasonable adjustments required? YES NO

If yes, please provide details:

Signature of applicant:

Date: