**Practice Placement Contract/Agreement**

**Programme………………………………………… Year of Study………………….**

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| **Name of Student:** |  |
| **Year of Study applied for:** |  |
| **Student Mobile number:** |  |
| **Student Email address:** |  |
| **Name the proposed organisation**  |  |
| **Student CLD Practitioner job title (where applicable):**  |  |
| **Practice Supervisor/Placement Provider details:** (This should be the person who will support you in your practice placement)Name: Email:Phone:Are they CLD Qualified and/or Registered Member with CLDSC? Y/NIF not, why is it appropriate that they should be your practice supervisor for your CLD Professional Practice Placement?  |  |
| **Supervision Arrangements:** Please outline the planned supervision arrangements e.g. regularity, dates and times:**Hours per week** **Agreed attendance(daily, weekly etc):**(requires ?? hours from beginning MM/YY to MM/YY)  |   |
| **PVG check** :Provide Placement Supervisor with details of your PVG on/before start of Placement Experience. If no PVG is available, the placement experience must not start and discussions with Educational Provider must commence.  |  |
| Describe the proposed supervised practice opportunities (from MM/YY to MM/YY) in the following areas: |
| **Placement Induction:** Please outline the planned induction activities (including but not limited to):* Code of Practice
* Health and Safety
* Code of Ethics
* Equality and Diversity
* Risk assessment/duty of care
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| Name the geographical area you will be working in.Name 2-3 groups that you will work with and define the purpose. Name some potential networks (local) that you will regularly participate in. |  |

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| **Student CLD Practitioner Learning Requirements:**  |
| [Competences](https://cldstandardscouncil.org.uk/resources/the-competences/): Practice Supervisor and Student CLD Practitioner should discuss and note suggested opportunities to engage in the following areas: |
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| **Know and understand the community in which we work** |  |
| **Build and maintain relationships with individuals and groups** |  |
| **Provide learning and development opportunities in a range of contexts** |  |
| **Facilitate and promote community empowerment** |  |
| **Organise and manage resources** |  |
| **Develop and support collaborative working** |  |
| **Evaluate and inform practice** |  |

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| [Ethics](https://cldstandardscouncil.org.uk/resources/ethical-practice-competent-practitioners/): These areas should form part of any review meeting discussions |
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| Primary Client |  | Duty of Care |  | Professional Learning |  |
| Social Context |  | Transparency |  | Self-awareness |  |
| Equity |  | Confidentiality |  | Boundaries |  |
| Empowerment |  | Co-operation |  | Self-care |  |

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| Suggested evidence of Practice Activity: this list is not exhaustive |
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| Witness testimonies  |  | Recorded Professional discussions |  | Authenticated learner-produced reports |  |
| Records, photographs or video evidence of work activity taking place |  | Video/audio link recording  |  | Essays |  |
| Research projects |  | Reports |  | Presentations |  |
| Posters |  | Work based portfolios |  | Reflective logs and journals |  |
| Simulations such as funding applications and needs assessments |  | Development of practice resources |  | Peer learning and assessment |  |
| National Professional Learning such as attendance at digital conferences or working groups |  | Volunteer activity  |  | Other |  |

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| **Placement Work Programme:** Outline the key areas of work that the Student CLD Practitioner will undertake. Provide details of how these will address the learning requirements listed above. |

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| **Placement Review Meetings/Placement Practice Assessment evidence:** The Student CLD Practitioner must take responsibility for arranging, attending and documenting review meetings with a) Practice Supervisor b) Educational Provider, Practice Supervisor and Student CLD Practitioner. Dates and Agenda to be agreed in advance and record of sign off of minutes/discussions to be retained by Student CLD practitioner and/or Educational Provider.  |

**Student CLD Practitioner’s Practice & Disclosure Declaration:**

I declare that, to the best of my knowledge, all of the above information I have given in connection to my Practice Placement application is correct.

Student CLD Practitioners Signature

Date

**Placement Supervisors agreement:**

**On graduation, Student CLD Practitioners must be fit to be recognised as a Professionally Competent CLD Practitioner.**  A CLD Qualified Supervisor/mentor must provide a sign off that Student CLD Practitioner has reached an appropriate standard in order to practice. Support documents are available in the [Practice Placement Standards on the CLDSC website](https://cldstandardscouncil.org.uk/approval/practice-placement-standards/).

**I understand and agree that in line with Standards set by CLD Standards Council as above that I am happy to work towards sign off with the Student CLD Practitioner**

Placement Supervisor’s signature

Date

Placement Supervisor’s Employer Signature

Date

**Educational Provider’s Agreement:**

**This Programme is approved by *The Community Learning and Development Standards Council Scotland*. It is therefore a requirement that students undertake ?? hours of relevant Community Development practice (paid /unpaid) between MM/YY to MM/YY**

As the Educational Provider we are content that the work plan/contract will enable this Standard to be met.

Educational Providers Signature:

Date