

# Practice Document

**HUG 3101: Personal Career Development**

| **Student Name & University****Number** |  |
| --- | --- |
| **Placement Provider** **Name & Address** |  |
| **Placement Contact****Telephone number** |  |
| **Placement Dates** |  |
| **Supervisor Name &****Contact details** |  |
| **Learning Opportunities** |  |

AHSC Placements Coordinator – Roz Power

AHSC Practice Education Lecturer – Ellie Smith

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## Useful contacts

### Module Leaders

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### AHSC Practice Education Lecturer

Ellie Smith

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### Careers Advisor

Alistair Shimmin

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## Health and Safety Expectations of the Experience Provider

The University and the workplace have a duty of care towards the student whilst on experience. In order to fulfil this duty of care the University will:-

* Prepare the student for the experience and ensure they are aware of general health and safety aspects, however this is of a general nature and does not include the specific information needed for any particular job or workplace.
* Give the student an opportunity to feedback to the University on anything with regard to health and safety whilst on experience.
* Respond to any feedback received from students in relation to health and safety practices during experiences by informing the experience provider.

During the experience, we would expect our student to prove to be an effective, safe and reliable individual. However, you will appreciate that during this period the student is under your control and therefore, the statutory duty of care and consequent liabilities rest with yourself.

As the students’ experience provider you are asked to treat them in the same way as your employees with regards to their health, safety and welfare. It is, therefore, Edge Hill’s expectation that as Experience Provider you will:

* Provide the student with an induction in the health and safety arrangements, including fire precautions, specific hazards and health and safety precautions within the first five days of their start date.
* Include the student in the risk assessment programme as it affects activities undertaken by them.
* Provide appropriate instruction and training in working practices and in the particular control measures identified in the risk assessments.
* Provide on-going supervision and training for the student in the performance of their duties.
* Have a system of recording and investigating accidents and incidents. We would ask that you notify the University of any accidents and incidents involving the student that you are made aware of.

## Student Placement Agreement

* You will arrive on time, in the appropriate dress and behave in a manner appropriate to the organisation and to Edge Hill University, which you are representing.
* You will agree to perform the duties outlined in any job description or role description provided understanding that it is not an exhaustive list and may change to fit the needs of the organisation or to comply with your learning objectives (above).
* You will provide your placement provider with a copy of your learning objectives expected from the module and where applicable your own personal objectives. You will work together to ensure these objectives are met and signed off.
* Where you have access to confidential or personal information you will conform to the placement providers policy on privacy and confidentiality.
* You will ensure that all work is completed and handed in on time in accordance with Edge Hill University policies. Assessment requirements and guidelines will be detailed in your module handbooks.
* You agree to notify your employer/placement supervisor and Placement Coordinator (AHSCplacementsr@edgehill.ac.uk) if for any reason you are unable to attend your work placement and to inform all parties of any difficulties with the placement or any other problem that adversely affects your work
* You also have a statutory duty to inform your employer if you have any illness, condition or disability which may preclude you from taking part in any activities or where your illness, condition or disability may endanger any person’s safety, including your own.

## Orientation to the Placement setting

If using more than one placement, each new placement needs an orientation.

***(Supervisor please sign each box to show orientation has been completed)***

| **POINTS TO BE COVERED DURING INITIAL INTERVIEW/DISCUSSION IN WEEK 1:**  | **Placement 1** | **Placement 2** |
| --- | --- | --- |
| Placement orientation. |  |  |
| Preliminary discussion with work based supervisor and introduction to other team members. |  |  |
| Orientation to placement philosophy and client group. |  |  |
| Orientation to environment. |  |  |
| Location of equipment e.g. first aid. |  |  |
| Fire and safety procedures. |  |  |
| Emergency procedures. |  |  |
| Specific policies/legal frameworks/confidentiality issues/safeguarding/lone working and those specific to this workplace.  |  |  |
| Complaints procedure. |  |  |

### Preliminary Discussion

The preliminary discussion provides an opportunity for students and supervisors to plan the students learning experience. Students are encouraged to declare any specific health and/or learning needs that may impact on their performance and progression in practice. This will help to inform supervisors of individual student requirements and enable them to facilitate any necessary and reasonable adjustments in accordance with the Equality Act (2010).

Any risk assessments that may inform supervision, additional support or agreed adjustments required must be identified and recorded in the additional interview section.

I have participated in a preliminary discussion and have been offered the opportunity to address any issues identified.

* Any personal health/learning needs
* Any adjustments to aid learning
* Practice hours to be made up
* On-going developmental needs

| Supervisor Signature |  | Student Signature |  |
| --- | --- | --- | --- |
| Date |  | Date |  |

## Placement Details

|  | **Placement Name &** **Telephone Number** | **Dates** | **Supervisors Signature** | **Students Signature** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Profile of Practice Placement

| **Brief description of the placement & your role:** |
| --- |
|  |
| **Legal status of organisation: Private company, Social Enterprise (CIC), Charity, Public Sector, Community Organisation etc:** |
| *Give a brief description of how this placement runs and how is its work funded?*  |
| **What are the aims and objectives of the organisation/mission statement?** |
|  |
| **What are the demographics of the community in which it is placed and why is this service needed within this community?** |
|  |
| **How does this service fit into the government policies, recommendations and drivers? What impact if any have the funding cuts had on the organisation?** |
|  |
| **How does the service evaluate its work? What evidence is there of success against aims/objectives?** |
|  |
| **What is their strategic vision for the future? What challenges could exist in the future for the organisation and their work?** |
|  |

## Learning Outcomes

In negotiation with their Supervisor each student must develop and achieve 3 learning outcomes relevant to their placement area. Refer to the Placement Information Book for support

| **Specific learning opportunities provided by this placement and selected by the student for personal development** | **What was achieved at the end of the placement** | **Supervisor Signature** | **Date** |
| --- | --- | --- | --- |
| **1** |  |   |  |
| **2** |  |   |  |
| **3** |  |   |  |

## Actions from the Preliminary Discussion (if required)

Actions initiated from the preliminary discussion

Has a risk assessment taken place? Yes / No

If yes, have there been any reasonable adjustments needed?

**Please list below**

**It is important that Edge Hill University are informed of this process if a member of staff was not present.**

**Name and contact details of the person informed at EHU**

**Date and time of contact**

**How were they informed?** (*Please circle)*

**Telephone**

**E-mail**

**Signature of Supervisor**

**Signature of Student**

**Signature of EHU representative**

## Midway Review and Action Plan

**The Supervisor and Student will discuss progress and devise an action plan if appropriate.**

**Any concerns please contact Practice Education Lecturer Ellie Smith**

|  |
| --- |
| Progress: Identified Strengths: Areas for Development: **Action Plan (if required), strategies and resources required to enable achievement:**Action: By Whom: When:**Supervisor signature: ……………………………….. Date: ……………………..****Student signature: …………………………………. Date: ……………………..** |

## Final Review

| **Summary Comments** | **Signatures** | **Date** |
| --- | --- | --- |
| **Supervisor feedback regarding strengths and possible areas for development:****Student summary of learning in this placement** |  |  |

| **Applied Health & Social Care Practice Log**You are expected to achieve a minimum of 20 days / 140 hours in practice | Edge Hill University logo, black text saying "Edge Hill University" on a white background. |
| --- | --- |
| **Student Name (Print):…………………………………** | **Student No………....** |  **Module No. ……………..** |
|  |  |  |  |  |  |  |  |  |  |  |
| **Placement Name (Print):……………………………………………… Placement Start Date:…………………** |
|  |  |  |  |  |  |  |  |  |  |  |
| **Supervisor Name (Print):………………………………………………….. Contact No…………………………** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Personal Teacher/Module Leader:……………………………………………………..** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Week****Commencing** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** | **Weekly Total****PRACTICE** | **Supervisor** |
| **Completed hours** |  / /  |  |  |  |  |  |  |  | hours |  |
|  |  |
| **Completed hours** |  / /  |  |  |  |  |  |  |  | hours |  |
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| **Completed hours** | / / |  |  |  |  |  |  |  | hours |   |
|  |  |
| **Completed hours** | / / |  |  |  |  |  |  |  | hours |  |
|  |  |
|   |
| **SUPERVISOR DECLARATION:**  | The total number of hours completed by the student are: |  |  |
|  | Confirmation Signature of Named Supervisor : |  |  |
|  |  |
| **STUDENT DECLARATION:** I declare that this form accurately represents my hours during the stated period. Student Signature: |  |

### PDP Checklist

***You can also add any relevant documents/certificates/testimonials in appendices***

| **Content** | **Completed**  | **Tutor signature** |
| --- | --- | --- |
| **Year 1 Semester 1**  |  |  |
| SAID analysis |  |
| Development Objectives |  |
| C.V |  |
| Learning Log |  |
| Personal Statement |  |
| Covering Letter |  |
|  |
| **Year 1 Semester 2**  |  |  |
| E-Portfolio |  |
| Research Profile |  |
| Employability Skills Map |  |
| Evaluations/Reflections of Year 1 |  |
|  |
| **Year 2**  |  |  |
| Grade Tracking |  |
| Learning Log and Reflecting Back and Forward |  |
| Action Plan and Objectives for year 2 |  |
| Researching Carers and initial career plans |  |
| Annotated Literature Search Strategy |  |
| Record of Work Experience and Testimonials |  |
| Enrichment Activities |  |
| Transferable employability skills |  |
| Action Plan for employability development |  |
|  |
| **Year 3 Semester**  |  |  |
| Grade Tracking |  |
| Completed Learning Log |  |
| Developing Graduate Attributes |  |
| Employers testimonials and Enrichment Log |  |
| Personal profile/statement and E- profile |  |
| Graduate C.V and Covering Letter |  |
| Exit Interview |  |
| ***Summary Comments*** |

| **Students Name:** | **Cohort:** |
| --- | --- |
| **Degree Programme:** |
| **Checked by:** |