Faculty of Health and Wellbeing
Social Work

Department of Social Work, Social Care and Youth and Community Studies

Social Work Student Placement:
Request to Sheffield Hallam University
to recommend an Independent Practice Educator

Sheffield Hallam University has a list of qualified and experienced Stage 2 Social Workers who have been trained and who are willing to act as Independent Practice Educators. The agency needs to complete and send in this form back as soon as they have agreed to take a student on placement. The Independent Practice Educator needs to contact the agency and the student and also attend the Practice Learning Agreement meeting with the agency, the student and the placement tutor.

Please return the completed form by e-mail to:

Carol Foster (for BASW) c.a.foster@shu.ac.uk, or
Akram Al-Sarooi (for MSW and ANSW) A.Al-Sarooi@shu.ac.uk

Placement

Name: ................................................................................................................................................................
Address: ................................................................................................................................................................

Tel No: ................................................................................................................................................................
Email: ................................................................................................................................................................

Manager: ...........................................................................................................................................................
Manager Email: ...................................................................................................................................................

Practice Supervisor: ............................................................................................................................................... 
Practice Supervisor Email: ....................................................................................................................................... 

Dates of placement: ................................................................................................................................................

Student name: ........................................................................................................................................................

Placement: number of days: .......... Course: ................................................................................................................