

**Student placement enrolment form**

**This form is to be used to arrange the enrolment of students with placements at the IoPPN.**

The form should be completed by the student and the supervisor, and be submitted at least three months before enrolment is due to take place, to:
Education Support Team, IoPPN
clinplacement@kcl.ac.uk

 **In order to qualify for this scheme, the student should be:
a) Studying as an undergraduate at another UK Higher Education institution
b) Undertaking the placement as an accredited part of their studies**

**Section 1: to be completed by the student**

**A Personal Details**

|  |  |
| --- | --- |
| \* Surname/Family Name |  |
| \* First Names |  |
| Name in which you are registered with a professional body (if applicable) |  |
|  Title |  |  \* Date of birth |  |
|  Address |  |
| \* Postcode/ Zip code |  | \* Country |  |
|  Home Telephone |  |  Mobile Telephone |  |
|  Email Address |  |

**B Fee and visa status**

|  |  |
| --- | --- |
| Country of birth |  |
| Country of permanent residence |  |
| Nationality |  |
| Are you currently studying on a Tier 4 student visa? | 🞎 Yes 🞎No |

**C Education & Professional Qualifications**

|  |
| --- |
| Include in this section all the relevant qualifications. Please also indicate subjects currently being studied. |
| Subject/Qualification | Place of Study | Grade/result | Year (start/end) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**D Details of Current Programme of Study**

|  |
| --- |
| Please confirm the following information |
|  Name of current UK institution of study |  |
|  Will this placement form an accredited part of your degree programme? | 🞎 Yes 🞎No |
| Name and contact details of placement liaison officer in your institution of study |
| Name |  |
|  Address and postcode |  |
|  Telephone |   |
|  Email Address |  |

 **E Duration**

|  |  |  |  |
| --- | --- | --- | --- |
|  Proposed starting date |  | Proposed end date |  |
|  Duration of placement |  |

**F – Emergency contact details**

|  |  |
| --- | --- |
| \* Surname/Family Name |  |
| \* First Names |  |
|  Address |  |
| \* Postcode/ Zip code |  | \* Country |  |
| \* Home Telephone |  | \* Mobile Telephone |  |
|  Email Address |  |
| Relationship of emergency contact to you – e.g. mother, partner etc. |  |

**Student Agreement**I have read and agree to the terms of the Student Placement (see appendix 2), and have completed the information on disability (appendix 3) and submitted this separately

NAME ……………………………………………………………………………………………………..

SIGNATURE ………………………………………… DATE …………………………………

**Section 2: to be completed by the supervisor**

**A Supervisor Information**

|  |
| --- |
| Name and contact details of supervisor |
|  Name |  |
|  Address and postcode |  |
|  Telephone |   |
|  Email Address |  |

 **B Placement details**

|  |  |
| --- | --- |
|  Proposed starting date |  |
|  Duration of placement |  |
| On the first day the candidate should report to: |  | Location |  |
| Weekly Stipend amount (if applicable): |  | Will travel expenses be paid? | 🞎 Yes 🞎No |

|  |
| --- |
| Address where the student will be based: |
| Room Number |  | Floor |  |
| Building |  | Campus |  |
|  Telephone |   |

|  |
| --- |
| Will the student need to gain DBS and/or Occuapational Health clearance in order to perform their duties?  |
| DBS clearance required | 🞎 Yes 🞎No | Occupational Health clearance required | 🞎 Yes 🞎No |
| Will the student require access to SLaM or any other NHS Trust?  | 🞎 Yes 🞎No | Name of Trust (if applicable) |  |

**This Student Placement is for the purposes of contributing to the student’s academic attainment and the department would not normally offer this position to any person**

**Department agreement**

I have completed this form and am fully aware of the basis on which I am agreeing to supervisor this student. I have informed the student of the arrangements for payment of stipend/expenses.

Supervisor’s name: …………………………………. ……Signature ………………… Date …………………….

Head of Department’s name ……………………….. ….Signature …………………… Date ………………….

Business Manager’ name ……………………………….. Signature ………………….. Date …………………….

**Please submit to EST once completed and signed.**

For completion by Education Support Team

|  |  |  |  |
| --- | --- | --- | --- |
| Date of EST appointment (first day if possible) |  | Time of appointment |  |
| Student provided with DBS & OH info? | 🞎 Yes 🞎Not required | Honorary Contract necessary? | 🞎 Yes 🞎No |
|  Notes | **Student should bring their passport and any Visa documentation when enrolling**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

**Please return to departmental Business Manager once approved and appointment arranged.**

**Appendix 1: Payment authorisation for IoPPN Student Placements**

**INSTRUCTIONS FOR COMPLETION**

**If only one payment is required, please use the form 'Expenses Claim for KCL Staff, Students and Non-Staff'. Please complete all details in full.**

**If amounts are subsequently required to be increased, please submit a further spreadsheet for the additional amount only, not the revised figure as duplicate payments could result.**

**Please note: Payments may be set up for a maximum period of 36 calendar months in advance. If payment is required beyond that, a further request is necessary at that time.**

**The named supervisor is directly responsible for ensuring all payments made are within the terms and conditions of the sponsor and the budget provided.**

**Monthly Student Placement Funding Request**

**Supervisor Details**

**School** …………………………………………………. **Division/Dept** ……………………………………………….

**Full Name** ……………………………………………………………………………………………………………………

**Email Address**………………………………………………………………………………………………………………

**Authorised Signatory**

**Full Name**………………………………………………. **Signature**………………………………………………………

**Placement Student**

**Student Name**…………………………………………………………………………………………………………..

**Student Number**…………………………………………………………………………………………………………..

**Parent University**……………………………………………………………………………………………………..

**Name of Bank (UK Bank only**)……………………………………………………………………………………..

**Sort Code** ……………………………  **Account Number**…………………………………........................

|  |
| --- |
| **Payment Details** |
|   | **1st PaymentDue Date \*\*(ie 01/10/\*\*\*\*)** | **Last PaymentDate(ie 01/09/\*\*\*\*)** | **Total of Yearly Amount£** |  | **No. of Equal InstalmentsMonthly**  | **Account code [XXXXXX-XXX]*NB Not a salary code*** |
| **YEAR 1** |   |   |   |   |   |   |
| **YEAR 2** |   |   |   |   |   |   |
| **YEAR 3** |   |   |   |   |   |   |
| **END OF PERMITTED REQUEST** |

**\*\*(ie if the student stipend runs from 1st October but the student arrives after this date, the due date must still be entered as the 1st of October to ensure arrears are calculated accordingly)**

**Please return this form to** **studentgrants@kcl.ac.uk****, for processing.**

**Appendix 2: Student responsibilities during the placement**

**Behaviour**

You will be expected to be courteous and respectful to other staff, students and clients during your placement.

**Transport and Lunch**

You will be responsible for making arrangements for transport and lunch.

**Health and Safety:**

You must:-

* take reasonable care to avoid injury to yourself or to others
* report any accident or injury immediately and record the details according to KCL Health & Safety procedures.

You must not:-

* interfere with, or misuse any clothing or equipment provided to protect your Health and Safety.

**Confidentiality:**

You must not, at any time whether during or after the placement, disclose to a third party, any confidential information you obtain during your placement.

**IT Access: (***applicable to students given access to Information Systems)*

You might be granted IT access during your placement. Whilst using KCL IT systems, you must comply with the KCL Data Protection and Confidentiality Policy.