

WORK PLACEMENT APPROVAL FORM

Please fill the form in CAPITAL/BLOCK LETTERS and select the relevant option

COURSE CODE & NAME:

DATE:	HOME ADDRESS:
STUDENT ID:	CONTACT NO:
FIRST NAME:	DATE OF BIRTH:
LAST NAME:	EMAIL ADDRESS:
COE END DATE:	EXPECTED PLACEMENT START DATE:

Trainers to note:

Please check the student documents as per the below checklist. Students must have all the documents below in order to start their work placement:

- ☐ **Police Check**
- ☐ **A First Aid Course Certificate**
- ☐ **Relevant Theory Assessments have been completed**
- ☐ **Evidence of up-to-date vaccination (3 doses of Covid -19 & 1 Flu Vaccination)**
- ☐ **Please provide the names of the work placement providers below (where the student is interested to go):**

1.
.....
2.
.....

I confirm that I have checked all the above documents and in my opinion the student can start the practical work placement.

Trainer Signature: _____

Trainer Name: _____

Date: _____