



**Your personal and professional learning objectives (minimum of 5) in undertaking this period of experience:**

*(You need to carefully reflect on your reasons for selecting this position with this organisation)*

- 1.....
- .....
- 2.....
- .....
- 3.....
- .....
- 4.....
- .....
- 5.....
- .....
- .....

**Verification by Organisation**

**As a representative of the above-named organisation, I verify that we have agreed to accept this student for the work placement (tasks and dates as specified on this form):**

**Name**.....

**Signature**.....

**Date**.....

**Signature of student**.....

**Date of submission in assignment box**.....

*Please check that you have completed every question*

**OFFICE USE ONLY**

**Work Placement approved/ not approved**

**For period of ..... working days**

**Tutor's Signature**.....

**Date**.....