

PLACEMENT AREA FORM: PEP NEW USERS/CHANGE OF CONTACT

Please use this form either to:

- Request a new user is set up for PEP access, OR
- To advise us that the user now supports a different placement area, OR
- To advise us that the user is no longer a placement contact.

IF YOU ARE WITHIN AN NHS TRUST PLEASE PASS THIS FORM DIRECTLY TO YOUR LEAD PRACTICE FACILITATOR/EDUCATOR, WHO WILL THEN AUTHORISE THE REQUEST AND PASS THE FORM TO THE UNIVERSITY OF WORCESTER WORK BASED LEARNING SUPPORT OFFICE. INDIVIDUALS WORKING IN OTHER ORGANISATIONS SUCH AS GP PRACTICES, PRIVATE AND VOLUNTARY SECTOR SHOULD SEND/EMAIL THE FORM DIRECT TO THE WORK BASED LEARNING SUPPORT OFFICE. Contact details are at the end of the form.

ORGANISATION NAME <i>i.e. NHS Trust or parent company if applicable</i>	
PLACEMENT NAME	
PLACEMENT ADDRESS AND POSTCODE	

REASON FOR SUBMITTING THE FORM *please select one*

- New user needing access to ARC PEP PLEASE COMPLETE PART A
- Current user who is changing place of work PLEASE COMPLETE PART B
- To advise that a current user no longer requires ARC PEP access (e.g. they may have left employment or no longer require access for another reason) PLEASE COMPLETE PART C

PART A PLEASE COMPLETE THIS SECTION TO NOTIFY US OF A NEW USER

Type of student supported: *please tick at least one*

- | | | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| BSc Adult Nursing | <input type="checkbox"/> | BSc Child Nursing | <input type="checkbox"/> | BSc Mental Health Nursing | <input type="checkbox"/> |
| Nursing Associate | <input type="checkbox"/> | BSc Midwifery | <input type="checkbox"/> | BSc Paramedic Science | <input type="checkbox"/> |
| BSc Physiotherapy | <input type="checkbox"/> | BSc Occupational Therapy | <input type="checkbox"/> | Return to Nursing | <input type="checkbox"/> |
| MSc Physician Associate | <input type="checkbox"/> | | | | |

UNLESS STATED OTHERWISE, NEW USERS WILL BE GIVEN VIEW AND CHECK IN ACCESS AS STANDARD

TITLE	FULL NAME	ROLE <i>Please choose from list below</i>	NAME OF PLACEMENT AREAS(S) SUPPORTED	TELEPHONE NO.	EMAIL ADDRESS

Roles:

Practice Facilitator
Mentor

Practice Educator
Admin Contact

Practice Supervisor

Practice Assessor

New users will be contacted by the Work Based Learning Support Office with a username and log in instructions.

PART B TO ADVISE US IF YOU ARE NOW SUPPORTING A DIFFERENT OR ADDITIONAL PLACEMENT AREA WITHIN THE SAME ORGANISATION

FULL NAME	ROLE	PLEASE GIVE DETAILS OF THE CHANGE (<i>i.e. where you were previously/are currently an ARC contact, and the details of your new/additional area</i>)	TELEPHONE NO. OF NEW/ADDITIONAL AREA	EMAIL ADDRESS

PART C PLEASE REMOVE ARC PEP ACCESS FOR THE PERSON(S) NAMED BELOW

FULL NAME	ROLE	PLACEMENT AREA(S)	REASON FOR REMOVAL

IMPORTANT: NHS TRUST PERSONNEL: PLEASE PASS THIS FORM TO YOUR LEAD PRACTICE FACILITATOR FOR SIGNATORY.

OTHER ORGANISATIONS: PLEASE EMAIL TO wblso@worc.ac.uk or post to WBSO, University of Worcester, Henwick Grove, Worcester WR2 6AJ.

FOR SIGNATURE

NAME OF PERSON COMPLETING THE FORM	ROLE	SIGNATURE	DATE
NAME OF AUTHORISING SIGNATORY	ROLE	SIGNATURE	DATE