**Work Experience and Work Placement form**

The following individual has requested work experience within Devon Partnership NHS Trust, which is a specialist trust caring for people with mental health and/ or learning disabilities.

|  |  |
| --- | --- |
| Name of applicant: |  |

|  |
| --- |
| Please provide details below on the suitability of this individual for this requested work experience/ work placement |
|  |
| Do you have any concerns about this individual in relation to this request? |
|  |
| Are there any special needs or adjustments that we need to be aware of? |
|  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (School representative)

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **This form should be emailed alongside the students application form to:** [dpt.practiceeducation@nhs.net](mailto:dpt.practiceeducation@nhs.net)