**Placement and Supervision Agreement**

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| **NAME OF STUDENT, UCC STUDENT NO., MOBILE NO. & UCC E-MAIL:** |  |
| **NAME AND CONTACT DETAILS (CONTACT NO. & EMAIL) OF PRACTICE TEACHER(S)**  For long-arm supervision / peripatetic placements only:  **NAME AND CONTACT DETAILS (CONTACT NO. & EMAIL) OF ONSITE TASK SUPERVISOR & UCC EXTERNAL PRACTICE TEACHER:** |  |
| **NAME, TEL NO. AND ADDRESS OF AGENCY/AGENCIES:** |  |
| **NAME OF UCC TUTOR, CONTACT NO. & E-MAIL:** |  |
| **PLACEMENT DATES:** |  |
| **STUDY TIME:** |  |
| **TIME-IN-LIEU ARRANGEMENTS:** |  |
| **OFFICE ACCOMMODATION AND FACILITIES FOR STUDENT:** |  |
| **SICK LEAVE ARRANGEMENTS (student):** |  |
| **STUDENT’S TRANSPORT ARRANGEMENTS:** |  |
| **SPECIFIC AGENCY REQUIREMENTS:** |  |
| **AGENCY RECORD MANAGEMENT POLICIES:** |  |
| **USE OF ASSISTIVE TECHNOLOGIES:** |  |

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| **FOR USE IN CASES OF LONG-ARM SUPERVISION / PERIPATETIC PLACEMENTS ONLY** | |
| **PLANNED FREQUENCY OF MEETINGS BETWEEN AGENCY ONSITE TASK SUPERVISOR, STUDENT AND EXTERNAL PRACTICE TEACHER** |  |
| **RESPONSIBILITIES UNDERTAKEN BY EXTERNAL PRACTICE TEACHER** |  |

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| **Student Declarations** (please read carefully before you tick each box) | | **Please tick** |
| a. I confirm that I have successfully registered as a social work student with UCC | |  |
| b. I confirm that I have successfully secured Garda Vetting through UCC | |  |
| c. I confirm that there are no known undeclared conflict of interest issues associated with me being on placement with this agency. | |  |
| d. I confirm that I have read and agree to abide by the conduct and behaviour standards outlined in my course handbook and in the UCC [Fitness to Practise](https://www.ucc.ie/en/academicgov/aago-policies/fitnesstopractise/) *policy.* | |  |
| e. I have read and agree to abide by the UCC [Core Competencies (Applied Social Studies)](https://www.ucc.ie/en/academicgov/aago-policies/fitnesstopractise/#core-competencies) | |  |
| f. I accept that it is my responsibility to disclose as a social worker in training relevant health issues or an assessed specific learning difficulty which may impact on my ability to complete a placement with this agency, whether known to me now or that might become known during the course of my placement/studies | |  |
| g. I confirm that I have read [UCC’s guidance materials](https://www.ucc.ie/en/gdpr/) on the General Data Protection Regulation (GDPR) | |  |
| h. Where relevant, I have successfully completed the online Tusla [Children First E-Learning Programme](https://www.tusla.ie/children-first/children-first-e-learning-programme/) | | Yes  NA |
| i. *[If I choose to use my car on placement]* I confirm that I have advised my car insurance company that I am on a placement, I have permission to use the relevant car if not my own, I have a full driver’s licence, and I have the necessary insurance to cover my placement-related activities. | | Yes  NA |
| j. Should a matter arise during the course of this placement (either a personal, work or placement-related matter) that raises a question about my fitness to practise and/or my capacity to work with service users, I agree to bring this matter *immediately* to the attention of my practice teacher and university tutor. | |  |
| k.  I accept that the School of Applied Social Studies/UCC and/or the placement agency reserve the right to withdraw me from my placement pending the satisfactory conclusion of any matter arising in item (j).  I understand that my withdrawal from placement is without prejudice and is separate to any other proceedings that may be initiated by the School of Applied Social Studies / UCC and / or the placement agency. | |  |
| l. I confirm that I have familiarised myself with the [UCC](https://www.ucc.ie/en/emt/covid19/), [HPSC](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/), [HSE](https://www2.hse.ie/coronavirus/) and placement agency guidance materials on COVID-19 prior to starting placement and I am aware that being on placement is not a risk-free activity. | |  |
| m. *[Students attending HSE placements only*] I confirm that I have completed the HSCP module on Canvas. | | Yes  NA |
| n. *[Not applicable for a first placement]* I have shared *all* of myprevious practice teacher’s final report(s) with my current practice teacher(s). I am aware that if I refuse to do so, that my practice teacher can request a copy from the UCC placements coordinator under the GDPR ‘Legitimate Interests’ mechanism. *This does not apply to students going on their first placement as no previous social work placement report will exist.* | | Yes  NA |
| o. I confirm that I have read and agree to abide by the UCC [Web & Social Media Policy](https://www.ucc.ie/en/it-policies/policies/sm-policy/) | |  |
| p. I confirm that I will not use Large Language Models such as ChatGPT for placement-related work, unless it is expressly permitted by the practice agency’s policies, and with the advance permission of my practice teacher and college tutor. | |  |
| q. I have consulted my GP / UCC Student Health Department about my vaccinations ([click here](https://www.ucc.ie/en/studenthealth/healthcare/) for relevant UCC Student Health Department policies and forms) | |  |
| **STUDENT’S SIGNATURE:** |  | |

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| **STUDENT’S PRE-EXISTING SOCIAL WORK- RELATED SKILLS** |
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| **IDENTIFICATION OF SPECIFIC LEARNING NEEDS** |

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| **Social Work Registration Board Domain 1:** | Professional autonomy and accountability |
| [Text here] | |

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| **Social Work Registration Board Domain 2:** | Communication, collaborative practice and teamworking |
| [Text here] | |

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| **Social Work Registration Board Domain 3:** | Safety and quality |
| [Text here] | |

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| **Social Work Registration Board Domain 4:** | Professional development |
| [Text here] | |

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| **Social Work Registration Board Domain 5:** | Professional knowledge and skills |
| [Text here] | |

**PRACTICE TEACHER’S EXPECTATIONS/PLANS**

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| **INDUCTION PERIOD:** | **FORMAT:** |
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| **SIZE AND CONTENT OF STUDENT WORKLOAD:**  If there are no opportunities in this agency for the student to be involved in a group, state arrangements made to participate in a group in a neighbouring/related agency (Groupwork arrangement specifically related to MSW1 / PGDSWS1 / BSW3) |
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| **OTHER LEARNING OPPORTUNITIES OFFERED:**  For example, attendance at case conferences, multidisciplinary meetings, team meetings, peer support, in-service training, case presentations, research, webinars, client support group meetings, court etc. |
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| **EVIDENCE OF WORK REQUIRED BY PRACTICE TEACHER:** |
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| |  | | --- | | **AGENCY SPECIFIC COVID-19 / PUBLIC HEALTH GUIDANCE AND PRACTICES:** | | Add text here if relevant  [HSE COVID-19](https://www2.hse.ie/coronavirus/) signs and symptoms, how to protect yourself and others, returning to work safely  [HPSC guidance](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/) for healthcare and non-clinical settings | |

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| **SUPERVISION FREQUENCY and DURATION:** | |
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| **SUPERVISION METHODS:** | **STUDENT PREPARATION FOR SUPERVISOR:** |
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| **RECOMMENDED READINGS:** |
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| **SICK LEAVE ARRANGEMENTS FOR PRACTICE TEACHER:** |
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**UNIVERSITY EXPECTATIONS:**

Client confidentiality must be preserved at all times.

Particular care should be taken when completing Practice Learning Enquiries/ Critical Learning Incidents and your supervision logs. All portfolio materials must be anonymized and please do not include, *under any circumstances*, agency / case records / reports / etc., even if redacted / if you have the agency’s approval. More information is provided in the portfolio section of your handbook.

All parties should be aware that the title of ‘social worker’ is protected by legislation, and students should *only* refer to themselves as a ‘social worker in training’ or ‘student social worker’.

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| **WEEKLY SUPERVISION LOGS** | |
| A Supervision log must be completed at the end of each supervision session and signed by both practice teacher and student. Students to take responsibility for the completion and signing of a log for each supervision session. Please do not put service users’ names or identifying details on the supervision logs. If you need a supervision log for the case file with more details, please complete a separate log.  Students are expected to submit their ongoing progress on PLEs (MSW/PDSWS) / CLIs (BSW) for use in supervision.  As part of the course requirement to reflect on practice, students are required to maintain a learning journal while on placement and to share specific entries within supervision. | |
| **REQUIREMENTS FOR SECOND 3-WAY MEETING** | |
| MSW / PDSWS - one Practice Learning Enquiry to be submitted through Canvas on or before the due date.  BSW - Two Critical Learning Incidents to be posted / e-mailed to your tutor at least five working days prior to mid-placement meeting. If your practice teacher’s comments are not completed, still send the student sections of the PLE (MSW/PDSWS) / CLI (BSW).  If the PLE (MSW/PDSWS) / CLI (BSW) are not received by the appropriate time, they will not be read prior to the submission of your portfolio at the end of your placement.  Mid Placement Report Form to be completed for next 3-way. Copies of the completed and signed supervision logs should be available at the mid-way meeting for review. | |
| Potential breaches of the UCC Fitness to Practise policy and behaviour standards should be explored at the Mid-Placement 3-way and in the final practice teacher’s report. Serious breaches should be notified to the course director immediately.  **FINAL PLACEMENT REPORT SUBMISSION**  Draft of student report to be given to practice teacher no later than 10 working days *prior* to the end of the placement.  Placement report (student and practice teacher sections) to be fully completed by the last day of placement and students to include a copy in their portfolio.  Practice teachers must email a copy of their completed and signed placement report to: [swfieldwork@ucc.ie](mailto:swfieldwork@ucc.ie) within 7 days of the end of the placement. |

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| **DATE OF MIDWAY MEETING:** |  |

All parties must sign this document:

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| **STUDENT’S SIGNATURE:** |  |
| **PRACTICE TEACHER’S SIGNATURE:** |  |
| **UCC TUTOR’S SIGNATURE:** |  |
| **ONSITE TASK SUPERVISOR (AGENCY):** |  |
| **EXTERNAL PRACTICE TEACHER’S SIGNATURE (UCC):** |  |
| **DATE:** |  |