**Faculty of Education Health and Wellbeing**

**External Partnerships**

**New Placement Area Request Form – NP Code**

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| **This Section to be completed by PPM/CPF/ACADEMIC** |
| **Provider Name** |  |
| **Address** |  |
|  |
|  |
|  |
| **Telephone Number** |  |
| **Email Address:** |  |
| **Placement Type** |  |
| **Trust Code**  | Choose an item.  |
| **Organisation Type**  | Independent/Trust |

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| **Placement Information** |
| **Practice Placement Manager *(up to 2 contacts)*** |  |
|  |
| **Academic Practice Lead** ***(up to 2 contacts)*** |  |
|  |
| **Audit Contact 1(please complete request for NM number form)** |  |
| **Email address** |  |
| **Audit contact 2 (please complete request for NM number form)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Maximum number of students** |  |
| **Is an audit complete? Or is it a shared audit (if so please include the NP code)****Please note students cannot go on placement ithout an Audit if placement is over 2 weeks)** |  |
| **Date of Audit:** |  |
| **Activation date of placement** |  |

**Please return completed form to** **fehwexternalpartnerships@wlv.ac.uk** **or post to FEHW External Partnerships, University of Wolverhampton, Gorway Road, Walsall, WS1 3BD.**

**For Office Use Only:**

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| NP Number created: | Choose an item. |
| Audit contact received: (NM form) | Choose an item. |
| Audit received/uploaded? | Choose an item. |
| CQC Alert created | Choose an item. |
| Added to CQC database | Choose an item. |
| Informed Quality for Gateway 1; copy in HoP and PJ, Quality Admin | Choose an item. |
| Sent Individual contract and invoicing process | Choose an item. |
| Name Of administrator |  |
| Date: | Click here to enter a date. |
| Notes: |  |