**Four-Way Agreement Form**

**Leeds Beckett University**

**Students should submit a copy of this completed form prior to commencing placement to the Practice Learning team Unit via InPlace.**

It is the students’ responsibility to ensure that this agreement is completed and signed by themselves, their Supervisor, Placement Manager and Course Tutor and that all parties have a copy for their own records.

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| **Partner 1: The Student.** | |
| **Student Name:** |  |
| **Student Email:** |  |
| **Partner 2: The Placement.** | |
| **Name of Placement Organisation:** |  |
| **Name of Placement Manager:** |  |
| **Placement Address:** |  |
| **Placement Manager Tel No:** |  |
| **Placement Manager Email:** |  |
| **Placement Start Date** |  |
| **Agreed Working Hours** |  |
| **Partner 3: The Training Supervisor.** | |
| **Name of Training Supervisor:** |  |
| **Partner 4: The University.** | |
| **Name of Course leader:** |  |

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| --- | --- |
|  | **Signatures** |
|  | **1. Student** |
|  | **I agree to undertake a practice placement with the afore named organisation and to abide by the terms of the Four Way Agreement guidance offered within this document.** |
|  | **Name Signature Date** |
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|  | **2. Placement Manager** |
|  | **I agree to provide a practice placement to the aforenamed student and to abide by the terms of the Four Way Agreement** **guidance offered within this document.**    **Name Signature Date** |
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|  | **3. Training Supervisor** |
|  | **I agree to provide clinical supervision to the aforenamed student during their practice placement and to abide by the terms of the Four Way Agreement guidance offered within this document.**      **Name Signature Date** |
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|  | **4. Course Team Representative** |
|  | **I agree to facilitate the aforenamed student’s practice placement and to abide by the terms of the Four Way Agreement**      **Name Signature Date** |
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