Placement Support Agreement (PSA)

This document has been produced to provide placement providers with information to enable them to make reasonable adjustments in the workplace for University of Bradford disabled students. The adjustments have been recommended as a way of ensuring that the student is not disadvantaged in their workplace learning for reasons relating to their impairment and that the University and placement provider have taken reasonable steps to ensure that they have fulfilled their legal obligation under the Equality Act 2010.

With the student’s consent all staff directly responsible for organising, managing or assessing on placement ought to be informed of any relevant disability-related issues, especially recommendations for support or adjustments.

# Part A

To be completed by the student’s Personal Academic Tutor (PAT) in discussion with the student and their placement supervisors, practice educators or mentors.

## Student details

Student name:

Student UoB number:

Student’s course:

Placement contact name:

University contact:

Disability Adviser:

Disability Adviser contact details:

## Possible impact of impairment on learning in placement

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| Please see LSP for information to help with completing this section. Focus on the student’s strengths and impact of the impairment and not on the deficit. |

## Specific Adjustments Recommended

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| This section should focus on the objective of the adjustment, i.e. how it will assist the student on placement. |

### Student:

I have read the above information and agree with the recommendations for adjustment. I am aware of my responsibility to ensure that my needs are effectively communicated.

Student’s signature:
Date:

### University:

I have read the above information and I am aware of my responsibility, in my role as Personal Academic Tutor (PAT) to ensure that my student’s needs are effectively communicated and where possible the recommendations for adjustments are facilitated.

Personal Academic Tutor’s signature:
Date:

### Placement Supervisor / Mentor:

I have read the above information and I am aware of my responsibility for ensuring that where possible, the recommendations for adjustments are facilitated. Please note that if a mentor is having difficulties or are unsure they are to contact the PLF or manager.

Placement Supervisor’s / Mentor’s signature:
Date:

# Part B

To be completed by the Placement Supervisor, Practice Educator or Mentor in discussion with the student.

## Feedback and Evaluation of Effectiveness of Adjustments

It is very useful for the University to have feedback on how effective you think that the adjustment recommended have been for the student and any other general feedback.

Please include any suggestions for support that would help this student on current or future placements.

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# Part C

To be completed by the student after each placement.

## Reflection

Please use this opportunity to reflect oneffectiveness of strategies used in placement and action planning for future placements.

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