**Placement Planning Information**

**PLACEMENT (the one this form is planning for):**

**NAME:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prior experience with these client groups (before joining the Lancaster programme):** | | | | |
| Your status  (e.g. assist. psychol.  voluntary etc) | *Supervisor(s)* | *Location* | *How long?* | *How often?* |
| **Previous relevant placement(s) experience:** | | | | |
| Supervisor(s) | Location | Setting  (e.g. hospital, community, etc) | Theoretical  orientation | Distance  from home |
| Any relevant comments on your **previous placement experience?** Any outstanding **gaps** to be filled? | | | | |
| **Personal circumstances:**   1. Where will you be living during the next placement?   2. Do you have any special personal circumstances you wish to have taken into account when the next placement is allocated? | | | | |
| **Academic work**  Please state what you are likely to have completed by the end of your current placement i.e. PALS #1/ 2/ 3 /PASE | | | | |
| Any other relevant information | | | | |