# DClinPsy logo - white backgroundPlacement Quality Assurance Form

Proposed Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tutor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of quality assurance visit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
|  |  | Comments |
| Placement description form completed and received | YES/NO |  |
| HCPC registration confirmed | YES/NO |  |
| Supervisor training confirmed | YES/NO |  |
| Is the placement accessible? | YES/NO |  |
| Are the placement facilities adequate – e.g. desk space, IT equipment, administrative support | YES/NO |  |
| Will the placement setting provide a safe and supportive environment? | YES/NO |  |
| Are the necessary governance and assurance frameworks in place to ensure the safety and promote the wellbeing of clients and trainees | YES/NO |  |
| Are all relevant policies and procedures easily accessible within the placement setting? | YES/NO |  |