

**Student Attachment Request Form**

# PLEASE COMPLETE ALL SECTIONS OF THE FORM

# All sections of the form must be completed and signed by the applicant. Any incomplete, unsigned forms will not be processed.

Please return completed application forms to: learn.mailbox@changing-lives.org.uk

# **STUDENT DETAILS**

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Email Address |  |
| Mobile Number |  |

# **COURSE INFORMATION**

|  |  |
| --- | --- |
| Learning Establishment |  |
| Qualification |  |
| Current Year |  |
| Requirements of your placement |  |

# **PLACEMENT REQUEST**

More information on what we do can be found here [Find Support | Changing Lives (changing-lives.org.uk)](https://www.changing-lives.org.uk/find-support)

*Please specify the project/service you would like for your preferred placement location.*

|  |  |
| --- | --- |
| Preferred Placement Location | 1. |
| 2. |
| 3. |
| Start Date |  |
| End Date |  |
| Length of Placement |  |
| Tutor Name |  |
| Tutor Email Address |  |

# **DECLARATION**

I confirm that by completing this form that I agree to the following requirements:

* That the information provided on this form is complete and accurate.
* That you currently hold a DBS Certificate, received within the last 3 years, and it is available to view. Please be aware we will be required to view your DBS Certificate prior to any decisions being made about your potential placement.
* That if your application is successful, you agree to abide by all Changing Lives policies and procedures as applicable.

**Signed:**

**Dated:**