

**School of Health Sciences**

**Occupational Therapy Programme**

**Student passport**

**This form should be kept in a safe place.**

Please complete this student passport and keep it up to date. You will need to discuss it with your personal tutor and also send a copy to your placement educator (*this will be sent in addition to the introductory phone-call/email you send to your educator).* This will help you to identity any developmental or learning needs that can be addressed with your personal tutor or on placement.

**Name and year (cohort) of student:**

**Email contact:**

**Student contact number before and whilst on placement:**

**BAOT number:**

**Personal statement:**

*You might wish to include any information that your placement educator may find useful to know in advance of the placement.* ***Please be aware that if you are emailing this form or posting then do not include information that you wish to remain confidential.***

**DBS clearance:**

**Please keep a copy in your CPD portfolio. This may be requested for paediatric placements**

|  |  |
| --- | --- |
|  | **Date** |
| Original clearance received  |  |
| Self-declaration (year 2)  |  |
| Self-declaration (year 3)  |  |

**Occupational health clearance:**

|  |  |
| --- | --- |
| **Occupational health visit and reason** (you do not have to disclose personal information) | **Date** |
| Tetanus |  |
| Hepatitis B |  |
| Poliomyelitis |  |
| Tuberculosis (scar check) |  |
| MMR or individual vaccines for Measles, Mumps and Rubella |  |
| Varicella |  |

**Mandatory training:**

**Please keep evidence (certificate or screenshot of completion) safely as these may be requested from placement providers before each placement.**

|  |  |  |
| --- | --- | --- |
| **National Skills Academy Health E-learning (download certificates and keep in your CPD portfolio)** | **Date completed** | **Expiry date** **(if known)** |
| Conflict resolution |  |  |
| Safeguarding adults level 1 (complete during 1st year) |  |  |
| Safeguarding adults level 2 (complete during 1st year) |  |  |
| Safeguarding children level 1 (complete during 1st year) |  |  |
| Safeguarding children level 2 (complete during 2ndyear) |  |  |
| Equality, diversity and human rights – general awareness |  |  |
| Information governance |  |  |
| Consent |  |  |
| Infection prevention and control for clinical staff |  |  |
| Fire safety |  |  |
| Patient moving and handling |  |  |
| Moving and handling |  |  |
| Coronavirus (COVID-19) Awareness |  |  |

|  |  |  |
| --- | --- | --- |
| **Other (keep certificates in your CPD portfolio)** | **Date completed** | **Expiry date** **(if known)** |
| Manual handling practical  |  |  |
| Basic Life support practical  |  |  |
| Food hygiene on line course |  |  |

**COVID-19 risk assessment:**

|  |  |
| --- | --- |
| **Date**  | **Outcome** |
|  |  |

**Placement experiences:**

|  |  |  |
| --- | --- | --- |
| **Placement**  | **Type of experience** | **Dates** |
| Placement 1 (Beginning) |  |  |
| Placement 2 (Novice) |  |  |
| Placement 3 (Intermediate) |  |  |
| Placement 4 (Diverse) |  |  |
| Placement 5 (Competent) |  |  |

**Strengths and development needs (to be discussed with personal tutor). This should be based on your academic work and the placement assessment forms:**

|  |  |  |
| --- | --- | --- |
| **Placement**  | **Strengths**  | **Development needs** |
| Placement 1(Beginning) |  |  |
| Placement 2(Novice) |  |  |
| Placement 3(Intermediate) |  |  |
| Placement 4(Diverse)  |  |  |
| Placement 5(Competent)  |  |  |

**Use of car whilst on placement: Yes No**

**If you have a Learning Support Plan it is your decision whether to share details of this with your educator. However, sharing some key details and suggested adjustments may help your educator to meet your needs. You may if you wish discuss this with your educator during supervision in your first week.**

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**COPING WITH AN EMERGENCY**

**If there is anything in the student’s behaviour, attitude or state of health that causes concern please contact the University immediately (8.30-5.00 Mon-Thur, 8.30-4.30 Fri) Tel.: 01273 643772**

**Student’s placement accommodation address:**

**Student’s daytime tel. number:**

**Student’s out of office tel. number:**

|  |
| --- |
| **Name and contact details of next of kin/person to be contacted in an emergency:****Their relationship to you:*****(this information will only be used by your educator in the case of an emergency out of hours when the university staff are unavailable)*** |

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