

PLACEMENT AREA FORM FOR NEW USERS/CHANGE OF CONTACT

Please use this form either to:

- x Request a new user is set up for PEP access, OR
- x To advise us that the user now supports a different placement area, OR
- x To advise us that the user is no longer a placement contact.

PART A PLEASE COMPLETE THIS SECTION TO NOTIFY US OF A NEW USER

Type of student supported: please tick at least one

- | | | | | | |
|-------------------------|---|--------------------------|---|---------------------------|---|
| BSc Adult Nursing | ^ | BSc Child Nursing | ^ | BSc Mental Health Nursing | ^ |
| Nursing Associate | ^ | BSc Midwifery | ^ | BSc Paramedic Science | ^ |
| BSc Physiotherapy | ^ | BSc Occupational Therapy | ^ | Return to Nursing | ^ |
| MSc Physician Associate | ^ | | | | |

UNLESS STATED OTHERWISE, NEW USERS WILL BE GIVEN VIEW AND CHECK IN ACCESS AS STANDARD

TITLE	FULL NAME	ROLE Please choose from list below	NAME OF PLACEMENT AREAS(S) SUPPORTED	TELEPHONE NO	EMAILADDRESS

PART C PLEASE REMOVE ARC PEP ACCESS FOR THE PERSON(S) NAMED BELOW

FULL NAME	ROLE	PLACEMENT AREA(S)	REASON FOR REMOVAL

IMPORTANT NHS TRUST PERSONNEL: PLEASE PASS THIS FORM TO YOUR LEAD PRACTICE FACILITATOR FOR SIGNATORY.

OTHER ORGANISATIONS PLEASE EMAIL Walso@worc.ac.uk or post to WBLSO, University of Worcester, Henwick Gr, Worcester WR2 6AJ.

FOR SIGNATURE
