# OBSERVATION/ALTERNATIVE PROFESSIONAL PRACTICE AGENCY LEARNING AGREEMENT

It is the student’s responsibility to write this up following discussions with the Observational/Alternative Professional Practice Agency (OPA/APPA). The Learning Agreement must be given to your Practice Tutor (PT) for approval before the APPA commences.

|  |  |  |
| --- | --- | --- |
| Name of Agency |  | |
| Address of Agency |  | |
| Phone |  | |
| Email |  | |
| Line Manager at OPA/APPA |  | JNC: Yes/No |
| Name of Student |  | |
| Practice Tutor |  | |
| The Alternative Professional Practice Agency will: | be for: (insert duration)  commencing on: and finishing on:  (insert dates) | |

**The OPA/APPA will provide (highlight as appropriate):**

* 40 hours of Observational Practice/
* 80 hours of Alternative PPA-based learning, working with children young people and/or communities, in contexts that are appropriate to the student’s selected learning pathway (Chaplaincy; Youth and Community Work; Children and Families Work; Community Ministry; Christian Leadership in Context) at least half of which should be face-to-face work;
* Provide learning opportunities for the student and time for the student to complete the academic requirements of the course;
* Provide the appropriate management structure for the student, including a line manager (named above) and Insurance cover;
* Cover any necessary expenses for the student to carry out the work required;
* (NB where any additional development or learning opportunities incur costs, this will be covered either by the Professional Practice Agency or the student, not CYM).
* Induct students appropriately according to Safeguarding, Health and Safety and other relevant policies and procedures ensuring that all related requirements are met.
* Ensure safe and appropriate working environments
* Provide work space for the student where necessary.
* Ensure that students are covered under relevant insurances and indemnities

**The Student will:**

* Work to the attached Job Description (please attach);
* Abide by the values and disciplinary procedures of the agency.

|  |  |  |
| --- | --- | --- |
| Signed - for the Agency |  | Date |
| Signed - Student |  | Date |
| Signed - for CYM |  | Date |

A copy of this signed form should be included in the student portfolio