# ALTERNATIVE PROFESSIONAL PRACTICE AGENCY PROPOSAL FORM

|  |  |  |
| --- | --- | --- |
| Student Name |  | |
| Signed (student): |  | Date |
| Course Tutor signature: |  | Date |
| Professional Practice Tutor signature: |  | Date |

|  |  |
| --- | --- |
| Learning goals identified in conjunction with your Practice Tutor for the Proposed Alternative Practice: | |
| What roles will you undertake in this Alternative Practice and how will these enable you to fulfil your learning and developmental goals? | |
| Proposed Professional Practice Agency including website where available. |  |
| Alternative Practice Agency Line-Manager’s name and contact details | JNC Qualified:  Yes/No |
| Details of Professional Practice Agency Hours (please highlight)  and how configured (e.g. 2 hours per week for 18 months): | BA Hons Observational Practice Year 1 (40 hours)  BA Alternative Practice Year 2 (80 hours)  BA Alternative Practice Year 3 (80 hours)  MA Alternative Practice (80 hours) |

**This form must be signed and returned to the Professional Practice Coordinating Tutor   
before you start your Professional Practice Agency.**