# ALTERNATIVE PROFESSIONAL PRACTICE AGENCY PROPOSAL FORM

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

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| 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.**