# Alternative Agency Proposal Form

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| Name of Student: | | First/Second Alternative Agency  (delete as appropriate) |
| Signed: | (Student) | Date: |
| Signed: | (Practice Tutor) | Date: |
| Signed: | (Course Tutor) | Date: |

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| **Proposed Agency**  Name of Agency: ....................... .....  Address of Agency: ................................................  ...........................................................................................................................................  ...........................................................................................................................................  Type of Work Undertaken by Agency: ..............................................................................  ...........................................................................................................................................  Line-Manager:  Email address: .................................................................................................................  Telephone: ........................................................................................................................  Line Manager JNC Qualified Yes/No  Equivalent qualification (please specify)............................................................................ |
| Learning Goals for the Alternative Agency: |