# 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: |