**ARC New Audit Cluster Form**

Use this document to request a new placement cluster for audit purposes.

Please email ppoallocations@uwe.ac.uk with the completed document attached.

N.B. We will only process information received from the designated ‘Education Lead’ for your Organisation/Trust.

Please allow 5 working days for this to be actioned, a placement group setup needs to be agreed by the faculty and practice area leads.

Placements are setup as service provision constructs individually profiled for students, placement coordinators and practice mentors. Grouping placements for audit purposes will not group the placement profiles as well.

Placement profiles will still require regular updates to encompass the most up to date information students will need to access prior to going on placement.

|  |  |
| --- | --- |
| From what date will this change take effect? DD/MM/YY |  |
| Scheduled date for auditing this cluster? DD/MM/YY |  |

*This section informs us that you have organised resources of how to share the provision of quality assurance and the management of risks through collaboration between the associated practice placements in this proposed cluster/group.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person completing this document  |  | *Email*  |  |

|  |  |  |
| --- | --- | --- |
| Organisation Name |  | *Name the organisation/trust that manages the placements*  |
| Cluster Name  |  | *Name/title of cluster/group – this follow the formula: Provider Name, Type of Provision, Type of Service e.g. AWP MH Community* |
| Practice Environments/Hosts to be included in this audit clusterThe first placement identified will be the leading placement |  | *List all placements to be included in the cluster/group by their name, as shown in ARC e.g. SMD LEVEL 4 GATE 8B, PHY MENDIP HILLS SURGERY, OCC DEVIES BRISTOL NORTH etc.* |
| Cluster/ Group site or location (delete as appropriate) | *Bath and Wiltshire / Bristol North / Bristol South / Cornwall / Devon / Gloucestershire / Weston and Somerset* | *List the geographical area together with the name of the UWE Bristol nominated practice contact* |
| Cluster contacts | Name | Email | Phone number | Role/Position | *List the details of the people who need to be able to complete the audit and receive notifications of student allocations to all hosts within the cluster*  |
|  |  |  |  |  |