**HN Diploma in Counselling**

Placement contract

|  |  |
| --- | --- |
| **The Trainee** | |
| Name of Trainee: | |
| Year of training | |
| **The Placement** | |
| Name of organisation | |
| Address | |
| Postcode | |
| Tel: (where the Trainee can be contacted on placement) | |
| **The Placement mentor** | |
| Name | |
| Tel | |
| Position | |
| Address | |
| Postcode | |
| Email | |
| Relevant qualifications and professional memberships | |
| Professional registration/accreditation number | |
| **Arrangements for Placement Practice** | |
| Who will hold final clinical responsibility for the Trainee’s practice? | |
| What client group will the Trainee be seeing and for how long (ie.is there a set number of sessions)? | |
| Are there appropriate, dedicated rooms on-site for counselling available to the Trainee? | Yes/No |
| Who will be on-site whilst the Trainee is present in the organisation (and whilst seeing clients)? | |
| Who will conduct initial assessments? | |
| What takes responsibility for Safeguarding within the organisation?  Is the Trainee to report to them directly? | |
| Is there administrative support or will the Trainee be responsible for managing appointments? | Yes/No |
| Will the organisation provide a secure place for the Trainee to keep case files? | Yes/No |
| Is the organisation able to provide any clinical supervision (one-2-one/group)? | Yes/No |
| What code of Ethics and Practice does the organisation adhere to? | |
| What (if any) is the theoretical orientation of the organisation? | |
| Are your organisational aims, orientation and philosophy congruent with the HN Diploma course? | Yes/No |
| Who will complete necessary documents (ie. contracts, mid/end-placement reviews)? | |
| Placement Organisation Requirements: | |
| Please indicate any specific requirements, e.g. rules or requirements regarding confidentiality, audio-tape recording clients, attendance at meetings, security arrangements and any other limitations or constraints. | |
| **Policies and Procedures of the Placement Organisation** | |
| Equality and Diversity | |
| Does the organisation have a written policy on equality and diversity? | Yes/No |
| Does this policy apply to Trainees on placement in the organisation? | Yes/No |
| Are the policy and revisions brought to the attention of Trainees? | Yes/No |
| Is there a clear process that Trainees can follow should they wish to take any action under the policy? | Yes/No |
| How can the Trainee access the policy documentation? | |
| Health and Safety | |
| Does the organisation have a written health and safety policy? | Yes/No |
| Are the policy and revisions brought to the attention of Trainees? | Yes/No |
| Is the company registered with the HSE or local authority? | Yes/No |
| Have risk assessments been carried out for the Trainee’s activities and workplace(s)? | Yes/No |
| Accident and Emergency Procedures |  |
| Does the organisation use a procedure for investigating work related accidents? | Yes/No |
| Are accidents at work recorded in an accident book and notified as necessary to the enforcing authority? | Yes/No |
| Are first-aid facilities appropriate to the class of risk identified? | Yes/No |
| Are fire and activity-related emergency plans and systems maintained, and are employees/Trainees informed of the action to take in emergencies? | Yes/No |
| Are reports of accidents and dangerous incidents notified to senior managers and investigated internally? | Yes/No |
| Critical Incident Procedures | |
| What is the procedure to be followed in the case of any patient/client emergency (whilst the Trainee and client are in session)? | |
| Will the trainee be informed of precautions and procedures for emergencies and critical incidents, including situations involving violent or aggressive clients or visitors? | Yes/No |
| Will the Trainee be informed of procedures for identifying clients at risk to themselves or others? | Yes/No |
| Insurances | |
| Does the organisation hold a current Employer’s Liability Policy and Public Liability Insurance? | Yes/No |
| Will the Trainee be covered by the placement organisation’s Employer’s Liability Policy & Insurance? | Yes/No |
| If the answer to any of the above questions is ‘NO’, please give further details: | |

Signed (Trainee) Date:

Signed (Placement mentor) Date:

Signed (Course Tutor) Date: