

Request to Change Placement Form

Request for a change of placement due to exceptional circumstances must be made by completion of this form.

How to complete and submit the form

To complete this form you will need:

- Personal details
- Placement details
- Evidence of exceptional circumstances that meet the change of placement criteria

You **must** submit the fully completed form within 5 working days after the allocated placement information has been released. A request to change a placement will only be considered against the exceptional circumstances stated in the Change of Placement Allocation Procedure document. Requesting a change does not guarantee that it can be made.

The completed form **must** be submitted to the Placement Team by using the Student Information Desk (SID) at https://evision.hull.ac.uk/urd/sits.urd/run/siw_lgn. Ensure you attach the completed form to your SID enquiry.

Before completing this form, it is expected that you have read and understand the criteria under which a placement can be changed. Please tick this box to confirm that you have read this:

We advise that students read the accompanying Guidance for completing the Change of Placement Request form. Please tick this box to confirm that you have read these:

Confidentiality

Please note that in order to consider your request the panel may have to consult with appropriate administrative, academic and practice staff. If the nature of your circumstances is of an exceptionally personal nature that you do not wish information to be shared, please provide details of the member of staff you have discussed your circumstances with.

Name of staff member:

Designation:

Personal details

Name

Student ID number

Course title and year

Nursing students Only – Field of Nursing

Contact telephone number and email address

Have you discussed your change of placement request with your Personal Supervisor?

Please indicate:

YES

NO (Please state why)

Details of the placement that you are requesting to change from

Reason for request to change placement

Please fully describe the reason for your request to change placement. You are required to have read the corresponding Change of Placement Allocation Procedure for Students in the Faculty of Health Sciences before submitting this request. Students are also advised to read the accompanying Guidance for completing the change of placement request form.

Documentary evidence

Please attach any evidence to support your request to change placement.

Certification of form

Student signature:

Date:

Panel outcome/response

Chair of panel signature:

Date:

Panel Criteria for Appeal

Travel Burden (*if time / distance excessive*)

Previous Placement Location (*travel burden review*)

Reasonable Adjustments (*declared disabilities / health issues – not fully considered*)

Exceptional Circumstances (*not fully considered or made aware initially*)

Evidence of Discrimination or Bias

Criteria rated as:

Upheld

Not Upheld