**BSW HONORARY EXTERNAL WORK PLACEMENT AGREEMENT**

This is a Statement of the Terms and Conditions upon which you attend an external organisation for the purpose of work placement as part of the Trainee (Student) Nursing Associate programme. Please read carefully.

**Status of this Agreement**

This agreement is binding in honour only, it is not intended to be a legally binding contract between parties and may be cancelled at any time at the discretion of either party without notice. This agreement is not an employment contract and does not confer any employment rights.

**SECTION 1 to** *be completed by the TNA’s (SNA’s) placement coordinator/manager.*

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| **INDIVIDUAL PERSONAL DETAILS (*Details of the Trainee Nursing Associate Student*)** | | |
| Title: | Surname: | |
| Forenames: | *This line is blank* | |
| Employer name: | | |
| Email address: | | |
| Base address: | | |
| Work email address for contact (*Line Manager/Placement Coordinator, if applicable*): | | |
| **Signature of Trainee (Student) Nursing Associate**  *(To confirm that they have read and accept these terms and conditions as detailed in section 2 of this agreement*): | |  |

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| **PLACEMENT DETAILS** | |
| Job title: ***Trainee (Student) Nursing Associate*** | *This line is blank* |
| Ward/Team/Department: | *This line is blank* |
| Placement start date: | Placement end date: |
| Other (if applicable): | |

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| **AUTHORISATION (to be completed by the TNA’s (SNA’s) host placement Line Manager/Placement Coordinator)** | |  |
| As the named contact\*, I agree to take overall responsibility for the above-named individual and their work for the duration of this placement and ensure the [appropriate supervision](https://www.nmc.org.uk/globalassets/sitedocuments/standards/2023-pre-reg-standards/new-vi/standards-for-student-supervision-and-assessment.pdf) is put in place. I confirm the work they will be undertaking is appropriately approved and will ensure that they are fully informed of the following policies: -   * Data protection * Health & safety * Email / internet | Print name: |  |
| Job title: |  |
| Dept/ Division: |  |
| Tel / bleep: |  |
| Date: |  |
| Signature: |  |

**SECTION 2 to** *be completed by the organisation where the individual is currently employed / studying.*

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| **TO BE COMPLETED BY THE LINE MANAGER/PLACEMENT COORDINATOR OF THE TNA (SNA)**  **It is the responsibility of the TNA’s (SNA’s) Placement coordinator/line manager to ensure this form is completed and submitted to the requested PLACEMENT along with section 1 of this form. (See Appendix 1)** | | | | | |
| Full name of TNA (SNA): | | | | | |
| Name and address of organisation e.g., NHS Trust, GP Surgery: | | | | | |
| Existing post in employing organisation: ***Trainee (Student) Nursing Associate*** | | | | | |
| Will the individual require access to the organisations IT systems: Yes / No / not applicable | | | | | |
| DBS Clearance | Enhanced: | | Yes / No | | Expiry date (if known): |
| Sickness absence | If the TNA (SNA) is sick, or absent for any reason, the TNA (SNA) the must inform both their employer and the placement area as soon as possible, on the first absence. | | | | |
| Health and Safety | The organisation is aware of its obligations to safeguard the Health & Safety of its employees, under the provisions of the Health and Safety at Work Act 1974. Your attention is drawn to the written statement regarding Health and Safety at Work which is issued by the placement provider and which you can read in any Ward or Department. | | | | |
| Risks | The TNA (SNA) should be aware before commencing a work placement that as the placement area is a clinical environment there may be risks that might affect people, specifically including the following:   * Witnessing distressing incidents * Seeing procedures or conditions which may be distressing. * The risk of verbal abuse from patients and visitors of the Trust * The risk of individuals feeling physically unwell or fainting after observing medical procedures | | | | |
| Performance | During the placement, the TNA (SNA) will be expected to always behave professionally in accordance with the Professional Values in Practice and The Code (NMC 2018)  The placement managers will have an absolute discretion to expel the TNA (SNA) at any time for misconduct or other substantial reason, including in the interests of patient care. | | | | |
| Confidentiality | The placement provider requires, that the TNA (SNA) maintains confidentially relating to the organisation and patients’ information, at all times. Failure to do so will result in expulsion from this placement. Personal information concerning members of staff may be divulged only with their consent. If you see someone you know, you must tell the supervisor immediately. | | | | |
| **CONFIRMATION / VERIFICATION** | | | | | |
| I can confirm that the TNA (SNA) is compliant with their statutory and mandatory training | | | | | |
| Print Name: | | Signature: | | Job title: | |
| Email address: | | | | Date: | |

**HONORARY CONTRACT REQUEST FORM**

**Guidance for completing.**

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* All sections of this form must be competed in full.
* Incomplete forms will not be actioned but returned to the relevant manager for completion.
* Completed forms should be emailed by the placement coordinator (or equivalent), at least 8 weeks prior to the placement commencement date.

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**SECTION 1**

**Placement Details**

* All Honorary Agreements must have an end date.
* Honorary contracts can be extended at a future date by submitting a new form to the Placement setting.

**Authorisation**

* The Honorary Contract Request Form must be signed by the individual who will be responsible for the placement.
* **Honorary Placement Forms MUST only be used when:**
  + The individual is currently employed by another BSW NHS organisation or a related Health and Social Care organisation.

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**SECTION 2**

Section 2 of the form must be completed by the placement coordinator (or equivalent) of the employing organisation. It is the responsibility of the TNA’s (SNA’s) Placement Co Ordinator or Line Manager to ensure this form is completed and submitted to the~~)~~ host placement coordinator/line manager with Section 1 of this form.

Where Statutory and mandatory training requirements have not been met, the TNA (SNA) will be required to complete before commencing.

The completed form (Section 1 and Section 2) MUST be emailed to the relevant placement coordinator (or equivalent).

Please ensure that the subject line of your email states: **Honorary Contract**

Incorrectly completed/unauthorised forms will be returned.

**IMPORTANT: AGREEMENTS FOR ALL PLACEMENTS WITHIN BSW**

* You MUST not allow any individual to commence their placement, until confirmation of clearance to do so is received by the employing organisation.
* TNA (SNA) should be competent to undertake clinical observations (temperature, pulse, blood pressure).

APPENDIX 1

**Trainee Nursing Associate notified in writing of placement confirmation, including start date, time, and allocated supervisor for the term of the placement.**

**Written confirmation from placement host confirming that everything is in place for placement to proceed.**

**Placement availability agreed with host employer, confirming placement location, duration, and dates.** Recommended 8 weeks’ notice required.

**Trainee Nursing Associate placement requirements identified.**

**The completion of the honorary contract MUST be completed and shared with host employer, placement.**

**Co-Ordinator, AT LEAST 2 weeks prior to placement start date.**

**Employer to confirm (ESR) that Trainee Nursing Associate is statutory and mandatory training compliant and able to complete placement opportunity offered.**

**Completed honorary contract approved by placement host confirming in writing that placement will proceed as agreed.**

**Notify Trainee Nursing Associate of proposed placement, issuing and explaining the honorary placement contract for completion.**

**Placement employer identified – BSW ICS TNA (SNA) Placement register.**