

**Internship assessment check**

Name: \_\_\_\_\_

Tutor Group \_\_\_\_\_

Title of placement: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Dates of placement: \_\_\_\_\_ to \_\_\_\_\_

<b>Reasons for attending this placement:</b>     
--

**Key assessment check.**

Before your placement can be approved you need to get permission from all of your teachers, tutor and CAL to check that it won't interfere with any key assessments.

Subject	Staff Name	Signature	Subject	Staff Name	Signature
English			Option 1		
Maths			Option 2		
Science			Option 3		
PSHE			Option 4		
PE					
Tutor			CAL		

This completed form and the Placement detail form needs to be handed in to the Hive at least 6 weeks before your intended placement to allow for time for placements to be checked. Any placement requests with a shorter timespan may be refused.

<b>Not to be completed by the student</b>
Date form received by the Hive _____ Date processed _____
Form signed by all staff <input type="checkbox"/>
Placement detail form fully completed <input type="checkbox"/>
Dates put into Internship Diary <input type="checkbox"/>
Placement detail form photocopied and sent to Form the Future <input type="checkbox"/>
Any further action: