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| Practice Placements (STEM 4.23)School of Sport, Rehabilitation and Exercise Sciences**University Of Essex,** **Wivenhoe Park Colchester CO4 3SQ**Physiotherapy Practice Placement Request Form Academic Year 2024 – 2025**Please return this form to Placement Administrator by email:** **practiceplacements@essex.ac.uk** |
| **PLEASE ENSURE THIS BOX IS COMPLETED IN FULL;** Your name: Main Contact name for the placement: Placement Address: Telephone No: Email address:  | **Trust / org. name** |
| **Are you student coordinator for your service area?****YES NO** | Number of students for this area | **Placement area/base/team/ward name** eg Enhanced Support Team South, Children’s Mental Health Team etc **(including AND ADDRESS if different from above)****Any requirements eg car driver** | Specialitye.g. neuro, forensic etc | Educator name(s) &email address |
| **28/10/24 – 29/11/24**5 weeks |  |  |  |  |
| **28/10/24 – 06/12/24**6 weeks |  |  |  |   |
| **06/01/25-14/02/25**6 weeks |  |  |  |  |
| **17/02/25 - 21/03/25**5 weeks |  |  |  |  |
| **21/04/25 – 23/05/25**5 weeks |  |  |  |  |
| **21/04/25 – 30/05/25**6 weeks |  |  |  |  |
| **09/06/25 – 18/07/25**6 weeks |  |  |  |  |
| **28/07/25 – 05/09/2025**6 weeks |  |  |  |  |
| **25/08/25 – 03/10/25**6 weeks |  |  |  |  |

**Thank you very much for these offers, we are very grateful for your support.**

**To ensure that our students and yourselves receive the correct information, please ensure that your profiles are kept up to date by telling us of any changes.**