

## PL1g POST-PLACEMENT REVIEW AND FEEDBACK

Dear Participant

Many thanks for your involvement in the work placement. I hope that the experience was a valuable and rewarding one, whether you were a Placement Provider, Student or Placement Tutor. The University of Wales Trinity Saint David reviews the provision annually for enhancement purposes and so we would be pleased to hear your feedback on any aspect of the placement.

If you wish to participate, please use this form to record your views. I'd be grateful if you would return the form either in person, by postal mail or email to the contact details below.

Yours sincerely

*Laura Jenkins*

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|                                                                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Name of organisation:</b>                                                                                                                                                                             |  |
| <b>Name of student:</b>                                                                                                                                                                                  |  |
| <b>What were the positive aspects?</b>                                                                                                                                                                   |  |
|                                                                                                                                                                                                          |  |
| <b>Were there any problems?</b>                                                                                                                                                                          |  |
|                                                                                                                                                                                                          |  |
| <b>Do you have any recommendations for enhancement for the future?</b>                                                                                                                                   |  |
|                                                                                                                                                                                                          |  |
| <b>For students only. Have your circumstances or needs changed since the placement and in anticipation of your return to the University? For example, have your reasonable adjustment needs changed?</b> |  |
|                                                                                                                                                                                                          |  |
| <b>For students only. In anticipation of your return to the University, do you need any extra guidance to support your return (e.g. academic writing or referencing refresher sessions)?</b>             |  |

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|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|
|                                        |                                                                                                                                                  |              |  |
| <b>Signed:</b>                         |                                                                                                                                                  |              |  |
| <b>Name:</b>                           |                                                                                                                                                  |              |  |
| <b>Position:<br/>(please tick one)</b> | <input type="checkbox"/> Placement Provider/Workplace Supervisor<br><input type="checkbox"/> Student<br><input type="checkbox"/> Placement Tutor | <b>Date:</b> |  |

Thank you for completing this questionnaire. Please return it as soon as possible to the Placement Coordinator.