

APPLICATION for Sports Placement ETHICAL APPROVAL

This form must be completed and approved prior to undertaking any activity with the organisation. It will need to be signed by the student, placement organisation and a sports lecturer.

SECTION A: About You (Student)

Full Name:	DRISS MRABTI		
Faculty/School/Centre:	Sport, Health and Outdoor Education		
Campus:	Swansea Business Campus		
E-mail address:	f.coaching@hotmail.co.uk		
Contact Telephone Number:	07568608372		
Student Number:	1606054	Undergraduate	☒
Programme of Study:	Sport Management	Taught Postgraduate	☐
Director of Studies/Supervisor:	ANDREW THOMAS	Research	☐

SECTION B: Placement Activity Organisation (Employer)

Does the activity involve collaborators outside of the University?	YES	☒	NO	☐
If Yes, please provide the name of the external organisation and name and contact details for the main contact person:				
Organisation	KAC FOOTBALL CLUB			
Contact person name	SAMIR YAICH			
Contact person e-mail address	Samiryaich70@gmail.com			
Contact telephone number	00212 648764432			
Number of agreed contractual hours	200hs			

Location of activities

Identify all locations where activities will take place.

Kenitra football club stadium(kenitra)
Awelaad bouarfa training ground (kenitra)

The placement student will work within the companies ethical framework

Organization representative name	SAMIR YAICH		
Signature	SAMIR YAICH	Date	15/04/2019

SECTION E: Anticipated Risks (Student)

Outline any anticipated risks that may adversely affect any of the participants, the student and/or the University, and the steps that will be taken to address them.
Risks to participants For example: emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information
RISK ASSEMENT IN PLACE
Risks to student For example: personal safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest
RISK ASSEMENT COMPLETED TO ANALYSIS RISK
University/institutional risks For example: adverse publicity, financial loss, data protection
NOT APPLICABLE
Control measures List measures put in place to limit and manage any of the risks identified above
RISK ASSEMENT IN PLACE AS PROFESSIONAL ENVIRONMENT

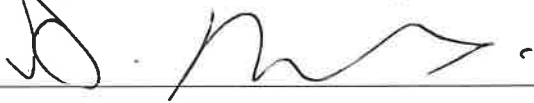
Disclosure and Barring Service			
If the activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate may be obtained before any contact with such participants.			
	YES	NO	N/A
Do you need a DBS certificate for this role?	☐	☐	☒
Has a DBS certificate been obtained?	☐	☐	☒
If yes, add picture copy below			

SECTION F: Declaration (Student and Staff)

For Students:

The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the employment activity.		
Name of applicant:		DRISS MRABTI
Signature of student:	DRISS MRABTI	Date: 14/06/2019

For Staff:

Placement Coordinator:	Awaraw Thomas
Signature:	
Date:	14/6/19.

Staff Checklist: The students completed/ submitted the following:

☒	Completed all sections of the form in full.
☒	Attached a copy of the DBS (where appropriate)
☒	I can confirm that the activities has been approved providing they stay within the scope specified by the student.