



## STUDENT PLACEMENT REQUEST

Request form for students to conduct placements within services of Aġenzija Sapport with respect to their course/training/work experience/job shadowing

### Student details

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

Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_  
(dd/mm/yy)

ID card number: \_\_\_\_\_

Passport number: \_\_\_\_\_  
(if you do not have a Maltese ID)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place of residence during placement: \_\_\_\_\_  
\_\_\_\_\_  
(Please fill this if your address is different from your home address) \_\_\_\_\_

Tel. number/s: \_\_\_\_\_

Mob number/s: \_\_\_\_\_

E-mail/s: \_\_\_\_\_

Own transport: Yes  No

Any prior experience: Yes  No

Aġenzija Sapport Helpline - Freephone 153 (ext. 5)



Preferred placement area:

*(Please mark the area you wish to conduct your placement. Multiple areas can be selected.)*

Area	Yes/No	Area	Yes/No
Day Services		Clerical – Any	
Residential Services		Clerical – Quality Assurance & Service Audit	
Community Services		Clerical – Research	
Social Work Services		Clerical – Accounts	
Sign Language Interpretation Service		Clerical – Administration	
Speech and Language Pathology		Office – Services	
Occupational Therapy		Office – Any	
Marketing Department		Office – Quality Assurance & Service Audit	
Clerical – Services		Office – Research	
Clerical – Reception		Office – Accounts	

***NB: Placements are subject to availability according to number of hours and provided dates of expected completion for placement at the time of the request made.***

**Required documents for placement:**

- Scan or photocopy of ID card / Passport to be provided with the application

**TERMS AND CONDITIONS:**

- I understand that my placement is subject to availability at the time of submitting this application within my selected placement areas. The placement will depend on the number of hours and provided dates of expected completion for the placement at the time of the request made.
- I understand that my age, level of education, health conditions may impact the choice of placement.
- I understand that my request may be refused if there are no available placements available.
- I understand that priority will be given to requests made by persons applying for placements from courses that are relevant to the Agency's practices and sector.
- I understand that this placement may include, among other things, following Agency professionals to observe their day-to-day duties and roles. There may be instances whereby some events may be observed which are out of the control of Aġenzija Sapport (ex: behaviours exhibited by service users; telephone calls with service users, etc.). I understand that some information viewed/heard may be confidential and proprietary. I understand that it is expected that the Confidentiality Agreement provided at the start of the placement is signed and that I will ensure to keep such information confidential.
- I undertake to pass on any relevant information regarding my health to the Agency's representatives for them to be in a better position to provide a placement to my requirements and abilities, and to take the appropriate measures in the case of any emergency which may arise during my placement with Aġenzija Sapport.
- I undertake to inform the Agency's representatives prior to any placement regarding any transmissible diseases/conditions I may have for appropriate precautions to be taken.
- I understand that this placement is unpaid and will not be reimbursed for any expenses incurred during the placement.

I, the undersigned, verify that all information provided in this form is valid and correct.

*(Tick if you agree)*

I, the undersigned, confirm that I understand and agree with all the Terms and Conditions for this placement.

*(Tick if you agree)*

I, the undersigned, give my consent to Aġenzija Sapport to process my personal data for the purpose of evaluating my request and other matters related to this application. I also understand that, I can request in writing a copy of my personal information. I can also request rectification, blocking or erasure of such personal data that has not been processed in accordance with the Data Protection Statement.

*(Tick if you agree)*

I, the undersigned, confirm that I am over 18 years of age.

*(Tick if you agree)*

**Student's signature:**

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**ID / Passport number:**

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**Date:**

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