

REQUEST TO ALTER PLACEMENT STUDENT CAPACITY

Area/Ward Name	
SCN (or equivalent) for area	
University Lecturer	
Practice / Care Home Education Facilitator	
Date	

Reasons for change	
---------------------------	--

Will audited capacity be affected?	YES	NO
---	-----	----

Current audited number of students	
Proposed new capacity	
For how long will the changes apply?	Please add date of review

If this is an **increase in numbers**, no further action is needed.

If a temporary or permanent **reduction in numbers** is proposed, please supply:

- An action plan detailing plans to restore capacity
- A live up to number of practice supervisors and practice assessors

NB Any proposed reductions **must be discussed with the area practice/ care home education facilitator** prior to submitting this form to:

Add name email of practice education lead for board xxxxxxxxx and email for practice education lead for university xxxxxxxxxxxxxxxxxxxx

You will be informed of the outcome of your request as soon as possible.

Request considered in line with overall capacity	
---	--

Request approved	YES	NO
Is further practice education support required?	YES	NO
Date of review		

Area informed of outcome	YES	NO
PEF changed SLA number in QMPLE with confirmed review date		

FOR OFFICE USE ONLY

Area Name on InPlace	
-----------------------------	--

Tick when complete:

InPlace changed	
QMPLE SLA number changed/ Review date confirmed	

Students affected	YES	NO
--------------------------	-----	----

Tick when complete:

Student's(s') programme(s) changed	
Student(s) informed	

Initial		Date	
----------------	--	-------------	--