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| --- | --- |
| **Name:** | **Job title:** |
| **Telephone number:**  **Office:**  **Mobile:** | **Email address:** |
| **Organisation name and address:** | |

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| **Which role/team would you like to work shadow?**   |  |  | | --- | --- | | **Bedfordshire Youth Offending Service** |  | | **Central Bedfordshire Children’s Services** |  | | **Bedford Borough Early Help & Intervention Service** |  | | **Bedford Borough Children’s Services** |  | | **Bedfordshire Police** |  | | **Child Adolescent Mental Health Service (CAMH)** |  | | **Adult Mental Health** |  | |
| **What do you hope to achieve from undertaking work shadowing? Please state your main objectives.**  **1.**  **2.**  **3**. |
| **How do you think this experience will add value to your role?** |
| **Do you have any accessibility needs or additional requirements you would like your host to be aware of?** |

I have a valid DBS and confirm I have clearance to work with children, young people and vulnerable adults

**If you do not have a valid DBS clearance, it may mean that you are only able to shadow limited activities and there may be some roles you are unable to shadow.**

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| **Agreement from shadow**   * I confirm that all the information I have given on this form is accurate. * I will abide with all relevant health and safety and confidentiality practices within my host’s organisation and will not disclose any confidential information I see or hear during the course of my placement, unless this has been agreed by the host and is relevant to my current role. | |
| **Signature:** | If you are returning this form electronically, please cross this box to show your agreement in place of your signature: |
| **Print name:** | **Date:** |

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| **Authorisation from line manager**   * I support the participation of the staff member name above in the job shadowing scheme. * I am satisfied that it offers a good opportunity for individual and team development and will ensure that my staff member is given the opportunity to prepare adequately for the placement. * I am satisfied that the information given by my staff member in relation to DBS checks is accurate. | |
| **Signature:** | If you are returning this form electronically, please cross this box to show your agreement in place of your signature: |
| **Print name:** | **Date:** |
| **Telephone Number:** | **Email:** |

Please email completed forms to [**workforce.shadowing@bedford.gov.uk**](mailto:workforce.shadowing@bedford.gov.uk)