

**CS6W50 Career Development Learning (CDL) Form****Student**Student Londonmet ID: Your londonmet ID Student Name: Your Name College E-mail ID: Your College Email Mobile No: Your mobile number Student's work/placement address: Office address. Write "Nepal, Remotely" if the company is international **Employer**Employer Name: Name of the company Employer's Address including department: Just include the address Company Supervisor's Name and Position: Name and position of your company supervisor Company Supervisor's Tel No: Company supervisor's phone number Company Supervisor's email address: Company supervisor's email **Work Related Learning Activity**Start Date: Will count from july 1 2024 End Date (if known): End date if it is known Your role at the placement (position): What are you working as Brief description of your work at the placement: Desrice your role and tasks

Proposed learning outcomes from the Work Related Learning Activity:

It is very important that you read the learning agreement guide before filling in this form. You need to list **at least 7 learning** outcomes, and at least **two** learning activity should be closely relevant to the course you are doing at the university.

Learning Outcome ID	Learning outcomes By the end of my work placement, I will be able to develop what skills or knowledge: (e. g. develop my XXX skills, enhance my knowledge of XXX)	Activities and tasks I will achieve this learning outcome by carrying out what tasks (e. g. participating in a Web development project, or to work in a team, or to engage in group discussion)	Evidence Evidence I could use to demonstrate that I have achieved this learning outcome? (e. g. feedback from the employer, artefacts I will develop, screen shots or video capture, meeting minutes)
LO1			
LO2			
LO3			
LO4			
LO5			
LO6			
LO7			
LO8			
LO9			
LO10			

Read these headings.

Put 60% soft skills and 40% technical skills

This form is approved by WRL academic supervisor

Academic Supervisor Name: Mr. Parbat Bhujel or Mr. Umesh Nepal

Academic Supervisor Signature: Signature of the supervisor who approved the form

Date of Signature: Approved Date

If you work at an external company or organization, the following “Heath and Safety checklist” form must be completed before your placement can be approved.

Should be filled by the company
Saftey Check List



**External Work Related Learning (PLACEMENT) PROVIDER
HEALTH AND SAFETY CHECKLIST**

Name of the Placement Provider (Company name):

Placement site Supervisor:

Supervisor's Position:

Address:

Email:

Telephone:

		Yes	No
1	Do you have a written Health & Safety policy?		
2	Do you have a policy regarding health and safety training for people working in your undertaking, including use of vehicles, plant and equipment, and will you provide all necessary health and safety training for the student?		
3	Is the organization registered with? (tick as appropriate) (a) the Health & Safety Executive or (b) the Local Authority Environmental Health Department		
4	Insurance (a) Is Employer and Public Liability Insurance which will cover the duration of the placement? (b) Employer and Public Liability Insurance policy number _____ (c) Will your insurance cover any liability incurred by a placement student as a result of his/her duties as an employee?		
5	Risk Assessment (a) Have you carried out any risk assessment of your work practices to identify possible risks whether to your own employees or to others within your undertaking? (b) Are risk assessments kept under regular review? (c) Are the results of risk assessment implemented?		
6	Accidents and Incidents (a) Is there a formal procedure for reporting and recording accidents and incidents in accordance with RIDDOR (Reporting of Injuries, Disease & Dangerous Occurrence Regulations)? (b) Have you procedures to be followed in the event of serious and imminent danger to people at work in your undertaking? (c) Will you report to the university all recorded accidents involving placement students? (d) Will you report to the university any sickness involving placement students which may be attributable to the work.		

The above statements are true to the best of my knowledge and belief.

Signed on behalf of the company with the company stamp:

Name:

Signature:

Date: