## Image result for london met logo

**CS6W50 Career Development Learning (CDL) Form**

**Student**

Student Londonmet ID: 22085771

Student Name: Ronak Krishna Shrestha

College E-mail ID: np01ai4s230014@islingtoncollege.edu.np

Mobile No: 9761895313

Student’s work/placement address: banasthali

**Employer**

Employer Name : PalmMind technology

Employer's Address including department: banasthali

Company Supervisor’s Name and Position:

Company Supervisor’s Tel No:

Company Supervisor’s email address:

**Work Related Learning Activity**

Start Date: 20/08/024

End Date (if known):

Your role at the placement (position): Machine Learning Intern

Brief description of your work at the placement:

**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 |  |  |  |

***This form is approved by WRL academic supervisor***

**Academic Supervisor Name:**

**Academic Supervisor Signature:**

**Date of Signature:**

**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.**



|  |
| --- |
| **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: