

# Learning Environment Self-Declaration Form

This form should be completed by Learning Environments when prompted to do so by their local Training Hub, in most circumstances this will be approximately 3 months in advance of the Learning Environment recognition anniversary date. The form will be risk assessed against other evidence available for the ongoing quality management of Learning Environments. It is a self-declaration that you are maintaining high quality standards with respect to teaching and training. You will not be asked to provide additional evidence unless concerns are raised through the completion of this declaration or through the triangulation of information from other sources, for example, CQC, NETS, placement reports etc.

Please note that failure to answer this declaration honestly will be considered a probity issue.

\* All fields are mandatory.

## **Personal Details**

Lead individual completing the form on behalf of the organisation. These details will be stored as the lead contact for this organisation.

1. Full Name\*

Click or tap here to enter text.

2. Email Address\*

Click or tap here to enter text.

## **General Information and Declarations**

Please state the full name and address of your learning environment\*

Click or tap here to enter text.

4. With which Training Hub are you affiliated? \*

Choose an item.

With which HEIs (universities) are you affiliated? This may include nurses, AHPs and medical students. \*



Click or tap here to enter text.

6.	What is the name of your placement manager? *
	Click or tap here to enter text.

7. What is the name of your GP education lead? \*

Click or tap here to enter text.

What is the name of your nurse education lead? \*

Click or tap here to enter text.

9. What is the name of your AHP education lead? \*

Click or tap here to enter text.

10. Please provide the names of ALL educators (including nurses, AHPs and GP educators) involved in teaching and learning within the organisation. Please specify who they educate. \*

Click or tap here to enter text.

11. How many constituent placements (sites) are there? \*

Click or tap here to enter text.

12. What is your current placement provision? Please list the number and type of ALL learners that your organisation currently hosts, including stage (e.g., 1 x ST1 (current in hospital role), 1 x ST3, 2 x nurses 8-week placements 4 x a year etc). \*

Learner Type/Profession	Training stage e.g., GPST1-3 or, Student Nurse (year 2-3), etc.	No. learners (WTE)	Additional Information



□ No			
If you have answered yes, please provide	further info	rmation below.	*
Click or tap here to enter text.			
14. Please provide the date and rating of yo	our most rece	ent CQC report	*
Click or tap here to enter text.			
<ol> <li>If your rating has changed since the orig below. *</li> </ol>	inal approva	ıl, please provid	de further information
Click or tap here to enter text.			
QUALITY DOMAIN 1			
Learning Environment and Culture  16. Please provide a self-rating for each of the	he areas bel	low You will no	nt need to provide any
Learning Environment and Culture  16. Please provide a self-rating for each of the additional attachments but will need to be the self-rating if asked. *			
<ol> <li>Please provide a self-rating for each of the additional attachments but will need to be</li> </ol>			
<ol> <li>Please provide a self-rating for each of the additional attachments but will need to be</li> </ol>	e able to pro	oduce relevant	evidence to support  Needs further
16. Please provide a self-rating for each of the additional attachments but will need to be the self-rating if asked. *  Suitable physical and IT resources to be	e able to pro	oduce relevant	evidence to support  Needs further
16. Please provide a self-rating for each of the additional attachments but will need to be the self-rating if asked. *  Suitable physical and IT resources to be able to deliver safe, high-quality education  Ability to meet specific or special needs of	e able to pro	oduce relevant	evidence to support  Needs further

13. Do you have any plans to increase your placement capacity? \*

☐ Yes



Ensuring patient safety within the context of learners being on site			
17. For any of the questions above where you development' please provide further info			'needs further
Click or tap here to enter text.			
18. Please indicate whether you have a GDF	PR policy an	d are fully com	pliant with this? *
□ Yes			
□ No			

#### **QUALITY DOMAIN 2**

## **Educational Governance and Leadership**

19. Please provide a self-rating for each of the areas below. You will not need to provide any additional attachments but will need to be able to produce relevant evidence to support the self-rating if asked. \*

	Excellent	Satisfactory	Needs further development
Robust organisational induction processes to meet the needs of all learners			
Engagement of management and support staff in teaching and learning			
Sufficient access to clinical supervision at all times for all learners			
Bullying and harassment policy in place			
Active promotion of equality, diversity and inclusivity			



20. For any of the questions above where you have rated 'excellent' or 'needs further development' please provide further information below. \*

Click or tap here to enter text.

#### **QUALITY DOMAIN 3**

### **Supporting and Empowering Learners**

21. Please provide a self-rating for each of the areas below. You will not need to provide any additional attachments but will need to be able to produce relevant evidence to support the self-rating if asked. \*

	Excellent	Satisfactory	Needs further development
Assessment of learners' initial needs and planned approach to personal induction			
Creation of learner work plans that are compliant with employment contracts and take account of individual learner circumstances			

22. For any of the questions above where you have rated 'excellent' or 'needs further development' please provide further information below. \*

Click or tap here to enter text.

23.	Are there learning opportunities outside of this LE which can be facilitated to support
	wider learner experience? For example, time with community nursing or therapy teams
	or End of Life teams etc. *

☐ Yes

□ No

24. If you have stated "yes" please provide further details. \*

Click or tap here to enter text.

## **QUALITY DOMAIN 4**



## **Supporting and Empowering Educators**

25.	Are the educators within this LE qualified to teach and supervise the learners for which they are applying? *
	□ Yes
	□ No
26.	If you have stated "no" above, please state your plans to address this. *
	Click or tap here to enter text.
27.	All educators have the required protected time to undertake the administrative, teaching and assessment aspects of their role. *
	□ Yes
	□ No
28.	If you have ticked "no" above, please provide further details below. *
	Click or tap here to enter text.
29.	Are any of the healthcare providers in this organisation working under regulatory body restrictions or other conditions? *
	□ Yes
	□ No
30.	If you have answered yes to the above, please provide details below. *
	Click or tap here to enter text.
31.	Are there any healthcare professionals within the organisation currently undergoing any formal or informal investigations or processes including referral to regulatory bodies? *
	□ Yes
	□ No
32.	If you have answered yes to the above, please provide details below. *
	Click or tap here to enter text.



33. Please describe any planned or anticipated changes to either the team or learning environment which may affect your ability to provide a safe, high quality learner experience? If none, please state "none". \*

Click or tap here to enter text.

#### **QUALITY DOMAIN 5**

#### **Delivering Curricula and Assessment**

34. Please provide a self-rating for each of the areas below. You will not need to provide any additional attachments but will need to be able to produce relevant evidence to support the self-rating if asked. \*

	Excellent	Satisfactory	Needs further development
Educators remain up to date in respect of curriculum requirements and mandatory assessments for learners			
Ability to deliver the curricular requirements of ALL learners			

35. For any of the questions above where you have rated 'excellent' or 'needs further development' please provide further information below. \*

Click or tap here to enter text.

#### **QUALITY DOMAIN 6**

## **Delivering a Sustainable Workforce**

36.	. Please confirm that the organisation promotes and supports the transition of its learners into the local primary care workforce. *
	□ Yes
	□ No

37. Please indicate the date of completion of this form. \*



Click or tap to enter a date.

38. Please add a summary of the improvements you are making within your learning environment to maintain your learning environment standards and support learners. \*

Click or tap here to enter text.





# **Form Complete**

Please return your completed form to your local training hub

