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**Teaching practice agreement form**

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| Name of student |  |
| Student date of birth |  |
| Name of placement centre |  |
| Address of placement centre |  |
| Phone number of placement centre |  |
| Name and title of placement mentor |  |
| Mentor professional role |  |
| Email address of placement mentor |  |
| Phone number of placement mentor |  |

The placement centre [insert name of centre] agrees to provide [insert name of student] with a teaching practice placement of a minimum of 50 hours to be completed during the time that the student is undertaking the PGCEi course at Teesside University.

*This form must be signed by an appropriate representative of the placement centre.*

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| Signed |  |
| Print Name |  |
| Role within the centre |  |