School of Nursing, Midwifery and Paramedic Practice

**REQUEST TO ALTER STUDENT CAPACITY
WITHIN A PRACTICE LEARNING ENVIRONMENT**

|  |  |
| --- | --- |
| **Area/Ward Name** |  |
| **SCN/M (or equivalent) for area** |  |
| **Practice Education Lecturer** |  |

|  |  |
| --- | --- |
| **Date** |  |

|  |  |
| --- | --- |
| **Reasons for change** |  |

|  |  |  |
| --- | --- | --- |
| **Will audited capacity be affected?** | YES | NO |

|  |  |
| --- | --- |
| **Current audited number of students**  |  |
| **Proposed new capacity** |  |
| **For how long will the changes apply?** |  |

|  |
| --- |
| If this is an ***increase in numbers***, no further action is needed. |

|  |
| --- |
| If a temporary or permanent ***reduction in numbers*** is proposed, please supply:* An action plan detailing plans to restore capacity

NB Any proposed reductions ***must be discussed with the area PEL*** prior to submitting this form to: John Sinclair [john.sinclair@uhi.ac.uk] NHS Highland and Isla Fairley [i.fairley@rgu.ac.uk].You will be informed of the outcome of your request as soon as possible. |

**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| Area Name on InPlace |  |

|  |  |
| --- | --- |
| InPlace changed | **Tick when complete:** |

|  |  |  |
| --- | --- | --- |
| Students affected | YES | NO |

|  |  |
| --- | --- |
| Student’s(s’) programme(s) changed | **Tick when complete:** |
| Student(s) informed |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Initial |  | Date |  |