

Appendix 1: Pre-course shadowing and consent form

This form must be completed and returned to the UWE CPD office or you will not be able to begin the BIA module.

Name of BIA module candidate:	
Supporting DoLS lead or independent BIA name:	
Supporting local authority, if relevant:	
BIA module start date:	
Disclosure agreement The candidate should sign below to show that they agree for their marks and any areas of practice that give cause for concern to be shared with their local or nominated supervisory body or DoLS lead.	
Signature of BIA module candidate:	
Date signed:	
Shadowing agreement The DoLS lead or independent BIA should sign below to show that they will support the BIA candidate to have two shadowing opportunities with a qualified BIA undertaking Best Interests Assessments in good time for their assessments for the course.	
Name of supervisory body, DoLS lead or independent BIA supporting BIA student shadowing:	
Signature of supporting DoLS lead or independent BIA:	
Date signed:	

This completed form must be returned by the beginning of the course to:

- cpd.enrolment@uwe.ac.uk