# Pre-course shadowing and consent form

This form must be completed and uploaded to your UWE Bristol CPD Portal as part of your module enrolment or you will not be able to begin the BIA module.

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| Name of BIA module applicant: |  |
| Supporting local authority supervisory body:  |  |
| Contact name at supervisory body: |  |
| BIA module start date: |  |
| **Disclosure agreement**Module applicant to sign below to show that they give consent for their marks and any areas of practice that give cause for concern to be shared with their supporting local authority supervisory body. Electronic signature is preferred but can be typed.  |
| Signature of BIA module applicant: |  |
| Date: |  |
| **Shadowing agreement**Contact at the supporting local authority supervisory body to sign below to evidence 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 contact at local authority supervisory body supporting BIA applicant shadowing: |  |
| Signature of contact at local authority supervisory body: |  |
| Date: |  |

This completed form must be uploaded to your [CPD Portal](https://mycpd.uwe.ac.uk/users/sign_in) when you apply.