** School Electronics, Electrical Engineering and Computer Science**
**Year of Professional Experience**
**Placement Visit Feedback Form**
**2024/25**

**Section 1: (completed by student)**

1. Student name:

2. Student number:

3. Degree Pathway:

4. Job Title:

5. Placement Company:

6. Start Date:

7. End Date:

(Please advise us if this date changes)

8. Remote Working:

 [ ] Entire placement completed remotely [ ] Working both virtually and on-site

[ ] Working on-site full time [ ] Intention of returning to office – Approximate Date:

8. Work placement Line Manager name:

9. Work placement HR/Supervisor name (if different):

10. Please give details of the work you are undertaking during your placement:

11. Do you consider your work so far has been satisfactory? **Yes/No**

12. Please give details of your future planned work on the placement (including details of technologies/business processes used).

13. Please provide details of how your interpersonal skills have developed during placement?

14. Do you consider the plans for your future work to be satisfactory? **Yes/No**

14. Do you have any concerns about health and safety and your wellbeing?               **Yes/ No**

If Yes, please provide details.

15. Accidents and incidents: Have you had any accidents or witnessed any accidents or unsafe practices that you are concerned about?              **Yes/No**

16. Training and induction: Did you receive induction training which included health and safety issues? What ongoing training have you been given?

17. Supervision: Have you been left in charge of a situation for which you felt you needed more training or closer supervision?

**Yes/No**

**QUB Student Name:**   **Date**

**Section 2: (to be completed by Line Manager)**

1. Do you consider this placement to be successful? Please provide details for your answer.

1. Do you see any upcoming trends in the industry that you feel we should be preparing our students for?
2. What gaps do you see in students’ knowledge that you feel we need to address?

**Line Manager Name:**  **Date:**

**Section 3: (completed by QUB Visiting Staff)**

1. Did you speak to the student’s line manager/supervisor? **Yes/No**

If so, whom did you speak to?

2. Do you consider this placement to be successful? **Yes/No**

3. Has the student any queries that need answered? **Yes/No**

 If Yes, provide details:

4. Does the student require a follow up visit/telephone call? **Yes/No**

 If Yes, when?

Telephone Email Visit

**QUB Visitor Name**: **Date:**

**Return Forms to:** **cs.placement@qub.ac.uk**

**For use of Placement Team**

Form received by Placement Team Date ...........................

Actions to be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All matters dealt with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ...........................