



**DECLARATION FORM**

**For Work Placement Supervisors**

(This form is to be filled and submitted by all Supervisors involved in Work Placement)

**To: The Registrar**

Placement Period from: ..... to.....

Placement Organization: .....

Supervisor's Name: .....

*(Surname in CAPITALS)*

I, ....., solemnly undertake that I shall not directly or indirectly disseminate, disclose, publish or otherwise convey or communicate to any third party or person(s) any information and/or content pertaining to the assessment of student(s) undergoing work placement in my organisation, except to duly authorised person(s).

I hereby declare that I have no immediate relative undergoing Work Placement in my organisation.

Date: .....

Time: .....

Signed in good faith: ..... Date: .....