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**Liverpool Hope University**

**Student Placement Risk Management Action Plan (3)**

The following form is to be completed upon receipt of completed copies of the *Placement Scheme Interest Form and Work Placement Provider Agreement* for all UK based student placements.

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| **Contact Information** |
| **Placement Provider**Company NameAddress and Nominated Contact  |  |
| **Student (s)**Name ID Number Contact details whilst on placement  |  |
| **Faculty/ School** Academic Tutor Name |  |
| **Placement Coordinator** If different from above |  |
| **Job Title**Role whilst on placement  |  |
| **Placement Dates** From/ To Or expected pattern/ frequency of hours if not completed in block weeks. |  |

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| **General Information** |
|  | **Y / N / NA** | **Follow up Action** | **Action By** | **Action Completed** |
| A | Has the Placement Provider fully completed & returned the Placement Scheme Interest form?  |  |  |  |  |
| B | Has the Placement Provider been used before & been reviewed with regards health and safety? |  |  |  |  |
| C | If yes to above, do any concerns remain unresolved and what are they? |  |  |  |  |
| D | Has the student received the health and safety briefing?  |  |  |  |  |
| E | Has student received any written health and safety information?  |  |  |  |  |
| F | If the placement involves a medium/ high risk activity, does the Placement Provider have access to in house professional health and safety advice? |  |  |  |  |

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| **Placement Risk Profile (from Placement Risk Profile Guide)**  |
| **Factor** | **Risk Level** | **Follow up Action Necessary?**  | **Action Completed** |
| G | Work Factors | High Medium Low |  |  |
| H | Travel and Transportation Factors | High Medium Low |  |  |
| I | Location and / or regional Factors | High Medium Low |  |  |
| J | General / Environmental Health Factors | High Medium Low |  |  |
| K | Individual Student Factors | High Medium Low |  |  |
| L | Insurance Limitations | High Medium Low |  |  |

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| **CONCLUSION** |
|  | **Follow up Action** | **Action By** | **Action Completed** |
| Has the student had a briefing prior to the placement beginning? | YES/NO |  |  |  |
| Is a pre placement site visit required before approval? | YES/NO |  |  |  |
| Are the residual risks tolerable such that the placement can be approved? | YES/NO |  |  |  |

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| **Action plan prepared by:** |  |
| **Role:** |  |
| **Date:** |  |
| **Placement Approved by:**  |  |
| **Role:** |  |
| **Date:** |  |