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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 Name  Address 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:** |  |