



# 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.

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.)	

General Information					
		Y / N / NA	Follow up Action	Action By Date	Action Completed
<b>A</b>	Has the Placement Provider fully completed and returned the Placement Scheme Interest form?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<b>B</b>	Has the Placement Provider been used before and been reviewed with regards health and safety?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<b>C</b>	If yes to above, do any concerns remain unresolved and what are they?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<b>D</b>	Has the student received the health and safety briefing?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<b>E</b>	Has student received any written health and safety information?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

<b>F</b>	If the placement involves a medium/ high risk activity, does the Placement Provider have access to in house professional health and safety advice?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
----------	--	---	--------------------------	----------------------	--------------------------

**Placement Risk Profile (from Placement Risk Profile Guidance)**

Factor	Risk Level	Follow up Action Necessary?	Action Completed
<b>G</b> Work Factors	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H</b> Travel and Transportation Factors	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I</b> Location and / or regional Factors	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>J</b> General / Environmental Health Factors	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>K</b> Individual Student Factors	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>L</b> Insurance Limitations	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Y / N	Follow up Action	Action By Date	Action Completed
Has the student had a briefing prior to the placement beginning?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Is a pre-placement site visit required before approval?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Are the residual risks tolerable such that the placement can be approved?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

<b>Action plan prepared by</b>	
Role:	<input type="text"/>
Date:	<input type="text"/>
<b>Placement Approved by</b>	
Role:	<input type="text"/>
Date:	<input type="text"/>