

## Work Placement Provider Agreement

Placement Details	
Placement of (Students Name and ID)	
At (Placement Provider)	
Dates of Placement	

Thank you for facilitating the above placement, work experience or study programme.

The University is grateful for your offer of this placement opportunity, we hope our student(s) will learn from this placement, skills and competencies specific to their profession along with general employability skills.

Both Liverpool Hope University and you as placement provider have a role to play with regards to students' health and safety whilst on placement.

## Liverpool Hope University will;

- Prepare the student for the placement and ensure they are aware of general health and safety aspects. (This however is of a general nature and cannot include the specific information needed for the role provided to them as part of their placement, particular circumstances within your organisation or the surrounding environment).
- Give the student an opportunity to feedback to us as regards any problems they have experienced with regard to health and safety whilst on placement.
- Respond to this by informing you, and;

<ul> <li>Give you the opportunity to ree arrangements.</li> </ul>	edback to us any concerns that you	nave regarding the student or the placement
During the placement we expect		to prove to be an effective and reliable
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individual however you will appreciate that during this period the student is under your control and therefore the primary duty of care and consequent liabilities must rest with you as placement provider. The University requests that you as placement provider will treat the student as one of your employees with regards to their health, safety and welfare.

As part of this role you will be required to fulfil the following responsibilities;

## The Placement Provider will;

- Sign and return this agreement to the University's appointed Placement Coordinator.
- Provide the student with an induction in the workplace health and safety arrangements, including arrangements in the event of a fire; in the event of an accident or incident or with regard to specific hazards that may be encountered in the workplace and the necessary health and safety precautions.
- Have a plan of work to be undertaken by the student and associated health and safety training to be completed.
- Provide opportunities which enable the intended learning outcomes to be achieved.
- Ensure the student has a supervisor within the work environment and that the student knows who to contact in the workplace with regards to health, safety and welfare issues.
- Comply with appropriate health and safety legislation.
- Include the student in the risk assessment process for the activities they are involved in, taking into account the student may lack experience in the activity.
- Ensure the student is made aware of the risk and control measures associated with their work activities.

- Ensure the work environment is safe and relevant health and safety procedures and procedures are in place.
- Provide appropriate information, instruction, training and supervision in working practices to allow them to fulfil their role.
- Have a system for recording and investigating accidents and incidents.
- Notify the University's Placement Coordinator of any accidents or incidents involving the student, as soon as possible.
- Facilitate access to students for visits by the nominated tutor, by prior agreement.
- In cases of serious breaches of discipline by the student inform the named Placement Coordinator at the University.
- Inform the Academic Tutor or Placement Coordinator if the student fails to attend as agreed.
- Have Employers' Liability insurance in place for the period of the placement and that this will apply to the student as it would to any member of staff. This insurance cover must provide an indemnity in respect of damages awarded to a student for personal injury, loss or damage sustained by the student.

If any of the above creates any questions or problems, please contact the Placement Coordinator as soon as possible.

## **Health and Safety Arrangements**

The University requires that the following is in place in order to approve placements. We would be grateful if you could fully complete the declaration below and return to:

1) We have a written Health and Safety policy	Yes 🗆 No 🗆
2) We accept responsibility for the student under the Health and Safety at Work Act 1974 and MHSWR 1999.	Yes □ No □
3) We will provide health and safety training for placement students and this will include induction and fire safety information.	Yes □ No □
4) Should the student be expected to work with machinery, equipment or substances hazardous to health, safety precautions will be taken following suitable risk assessment. This includes the availability of first aid facilities and training and protective clothing will be provided.	Yes 🗆 No 🗆
5) Adequate supervision will be provided to all placement students.	Yes □ No □
6) We confirm we have in place Employers' and Public Liability insurances and that the student is deemed to be an employee for the purposes of these insurance policies.	Yes □ No □
7) We confirm we will advise the University immediately of any injury or damage involving the student.	Yes 🗆 No 🗆
8) We will report to the University any sickness involving students which may be attributable to their work.	Yes □ No □
9) We confirm risk assessments of work practices that pose significant hazards to employees and others within the organisation are carried out routinely and reviewed regularly.	Yes □ No □
10) The organisation is registered with the Health and Safety Executive, Local Authority Environmental Health as necessary.	Yes □ No □
11) We confirm we will provide a work environment in compliance with health and safety requirements, equal opportunities and diversity legislation, policy and procedure.	Yes □ No □
12) We confirm that the work environment is safe and relevant Health and Safety procedures complaint with UK Law are in place.	Yes □ No □

I confirm that I agree to the responsibilities detailed by Liverpool Hope University as regards this placement.

Name of Employer:	
Employer Address:	
Date:	
Placement Provider Signature:	
Print Name:	
Job Title:	
Telephone Number:	

Signed University Nominee:	
Job Title:	
Date:	

Once completed please return this document to the relevant Placement Tutor at Liverpool Hope University.