

**Liverpool Hope University**

**Work Placement Provider Agreement (Overseas Placements)**

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| --- | --- |
| Placement of (Students Name and ID) |  |
| At (Placement Provider) |  |
| Dates of Placement |  |
| Type of Business |  |
| Typical role & responsibilities of student whilst on placement |  |
| Address |  |
| Telephone Number |  |
| Email |  |
| Key Contact |  |

Thank you for facilitating the above placement/ work experience/ 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;
* Give you the opportunity to feedback to us any concerns that you have regarding the student or the placement arrangements.

During the placement we expect [STUDENT NAME] to prove to be an effective and reliable 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 Covid-19 safe and relevant H&S protocols 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. Please notify the University’s Placement Coordinator of any accidents or incidents involving the student, that you are made aware of.

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. Do you have a policy regarding health and safety training for people working in your organisation, including use of vehicles, plant and equipment, and will you provide all necessary health and safety training for the placement student? | | Yes | No | |
| 1. Will your insurance cover 2. Liability for injuries or sickness suffered by placement students attributable to their duties within your organisation? 3. Liability incurred by the student for injuries to other parties (including co-workers) or property damage arising from their duties within your organisation? | | Yes/ No | Yes/ No | |
| Yes/ No | Yes/ No | |
| 1. Have you carried out risk assessments of your work practices to identify possible risks, whether to your own employees or to others within your undertaking? | | Yes | No | |
| 1. Are risk assessments kept under regular review and the results of risk assessments implemented? | | Yes | No | |
| 1. Is the work environment Covid-19 safe with relevant H&S protocols and procedures in place? | | Yes | No | |
| 1. Is there a formal procedure for reporting accidents and incidents? | | Yes | No | |
| 1. Will you report to the University all recorded accidents involving placement students? | | Yes | No | |
| **Health And Safety Contact At Your Organisation** | | | |
| **Name** |  | | |
| **Position** |  | | |
| **Telephone** |  | | |
| **Email** |  | | |

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

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| --- | --- |
| **Name of Employer** |  |
| **Name of Placement Supervisor** |  |
| **Telephone Number** |  |
| **Email** |  |
| **Signed by** | Date: |
| **Print Name** |  |

|  |  |
| --- | --- |
| **Signed University Nominee** |  |
| **Job Title** |  |
| **Date** |  |

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