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**Placement Learning Code of Practice**

**University Risk Assessment Form for Placement Learning**

**To be completed prior to approval of placement by LJMU staff**

**Please note there are guidance notes for the completion of this form commencing on page 3**

**Section 1 - to be completed for each placement organisation**

**Section 2f - extra rows can be added or an appendices attached for multiple students in one organisation, or this information can be managed electronically e.g. in SharePoint**

|  |  |
| --- | --- |
| **Company/Organisation** |  |
| **Registered Address:** |  |
| **Address and location of placement (if different to above)** |  |
| **Student Name:** |  |
| **Programme:** |  |
| **Student Number (6 digit):** |  |

|  |
| --- |
| **Programme and module or activity (e.g. LJMU Internship)** |
|  |
| **Type of activity (please highlight or tick):** | **Location of placement (please highlight or tick):** |
| Workplace visitWork shadowingProject workWork placement Sandwich year  | UK EU International Voluntary placement with a charity |
| **Start and end dates:** |  |  |

|  |
| --- |
| **Complete for each organisation. This document can be managed electronic spreadsheets**  |
| **1. General control measures for the placement venue** | **Please highlight or circle** | **Describe any necessary action** | **Has the action been completed?** |
| **Has the Placement Provider confirmed they have:**  |
| Employer’s Liability Insurance | Yes/No |  |  |
| Public Liability Insurance | Yes/No | NB if the organisation is overseas please describe due diligence undertaken see paragraph 92 /93 in the Code of Practice. |  |
| Has Appendix 2 (Placement Health, Safety and Learning Check List**)** been completed by the organisation? | Yes/No |  |  |
| Does the Placement Provider have a Health and Safety Adviser or a contact for Health and Safety? | Yes/No |  |  |
| Has the placement provider agreed to support the learning aims of the placement? | Yes/No |  |  |
| Has the student been provided with information about the placement, including his/her responsibilities and the importance of the Placement to the Programme i.e. via the Student Placement Code of Conduct and Health and Safety Agreement (Appendix 3) and the Handbook? | Yes/No |  |  |
| Do any concerns remain unresolved? | Yes/No |  |  |

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| **Section 2f must be completed for each student being placed in one host organisation.** **Insert rows for each student or attach as an appendix or this can be held electronically**  |
| **2. Risk assessment and further specific actions necessary for the student or student group, based on guidance provided at the end of this form** | **Original risk profile (high, medium or low) based on guidance provided at the end of this form** | **Describe any necessary action to reduce the risk, based on guidance provided at the end of this form** | **Has the action been completed?** | **Risk profile, following action taken (high, medium or low)** |
| a) Work factors |  |  | Yes/No |  |
| b) Travel and transportation factors |  |  | Yes/No |  |
| c) Location and/or regional factors |  | Has the student(s) been referred to Going Global and the Government website (para 94 of the CoP) | Yes/No |  |
| d) General/environmental health factors |  |  | Yes/No |  |
| e) Insurance limitations |  |  | Yes/No |  |
| f) Individual student factors (Appendix 3)  *(insert rows for each student or attach an appendices when multiple students are placed with this organisation)* |  | (include any requirement for referral to the Occupational Health Unit) | Yes/No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Conclusions** | **Please highlight or circle** | **Describe any necessary action** | **Has the action been completed?** |
| Is a site safety visit required before placement is approved? | Yes/No |  |  |
| Are the risks tolerable such that the placement can be approved? | Yes/No |  |  |

Signed by an authorised representative for and on behalf of **Liverpool John Moores University**

Signed:

Print Name:

Date:

Prepared by (print name): Date:

Have the above actions been completed? Yes/No

**Placement approved.**

Signed:

**Or**

**Refer this placement to the Director of School/Institute where any of the factors mentioned in section 2 above remain high risk after the required action has been taken.**

Signed: Date:

**Director of School/Institute**

Placement approved/Not approved (please attach an explanation)

Signed: Date:

Print Name:

NB: This document **must** be retained for 6 years to comply with legislative requirements with regard to potential claims against the University. The documents **must** be kept in compliance with the Data Protection Act 2018 including GDPR 2018.

Please return the completed form to the following address in writing or electronically before the placement is due to commence: *(School/Institute details as appropriate)*

Thank you for your cooperation.