

**Placement Learning Code of Practice Appendix 2**

**Placement Health, Safety and Learning Check List**

This checklist outlines your responsibilities and those of the University in respect of the work place experience. Please note that we are unable to place a student with you until this form has been completed in its entirety, signed by hand and returned to us.

If you require any further assistance or guidance please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Section 1: Student contact details: To be completed by the University before the form is completed by the host organisation**  **LJMU staff may remove any text in italics** | | | | | |
| **Type of activity (please delete to leave the correct information)**  ***Work placement***  ***Sandwich year***  ***Erasmus placement*** | **Location of placement (please delete to leave the correct information)**  ***UK***  ***EU***  ***International***  ***Volunteering with a registered charity*** | | | | |
| Student name: |  | | | | |
| Programme of study: |  | | | | |
| Student ID number:  (6 digits) |  | | Private email: |  | |
| Living Address whilst on placement: |  | | | | |
| Mobile Telephone Number: |  | | | | |
| Land Telephone Number: |  | | | | |
| **Optional – if not being sent to the host organisation please remove this section**  **Next of kin details are available on SIS (Student Information System or student):** | | | | | |
| Name: |  | | | | |
| Relationship: |  | | | | |
| Address: |  | | | | |
| Home Telephone Number: |  | | Mobile: |  | |
| **Visiting Tutor Details:** | | | | | |
| Tutor’s name: |  | | | | |
| Workplace address: |  | | | | |
| Work telephone no: |  | | Email: |  | |
| **For overseas placements, please complete the following. Please remove this section if it in a UK placement:** | | | | | |
| Faculty/School/Institute |  | | | | |
| Country to be visited |  | | | | |
| Town/city/region |  | | | | |
| Start date |  | | | | |
| End date |  | | | | |
| Date of return to UK |  | | | | |
| Is a Visa required? | Yes / No | Obtained | | | Yes/No |
| Are vaccinations required? | Yes / No | | | | |
| Has European Health Insurance (EHIC) been obtained? | Yes/No | | | | |

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| ***Section 2: Learning outcomes To be completed by the Subject Head/Programme Leader module Leader***  Please provide details of the intended Learning Outcomes as per the module guide or programme aims. | | | | |
| ***Subject skills/knowledge as required by the module/placement***  *By the end of the placement the student will be able to demonstrate and apply knowledge and skills in the following areas:* | | | | |
| ***Professional/personal skills as required by the module/placement***  *By the end of the placement, the student will be able to demonstrate development of:* | | | | |
| ***Student’s personal aims and objectives****, if known prior to the placement. If not they should be discussed with the student as they commence the placement –*  *The aims and objectives of the placement are to meet the intended programme learning outcomes as identified above.* | | | | |
| **Section 3: Placement details To be completed by the Company** | | | | |
| **Placement Learning Provider Supervisor/Contact details:** | | | | |
| Company name and registered number if applicable : |  | | | |
| Company address: |  | | | |
| Address where student is based on placement (if different from above): |  | | | |
| Company Supervisor’s name: |  | | | |
| **Company Supervisor’s email:** |  | | | |
| Job role: |  | | | |
| Work telephone number: |  | Mobile no: |  | |
| Company Health and Safety Officer’s name & **telephone**: |  | | | |
| Data Protection - The University is legally obliged to keep placement records for 6 years. We would also like to use your information to be able to contact you about future working with LJMU?  You can contact LJMU at any time to withdraw your consent via [employerengagement@ljmu.ac.uk](mailto:employerengagement@ljmu.ac.uk)              Yes/No | | | | |
| **Dates and duration of the placement:** | | | | |
| **Placement description:** | | | | |
| **Health and safety arrangements** | | | | |
| We confirm that the company/organisation has Public Liability Insurance or its equivalent (a copy of the current Certificate must be produced if requested)  If No please explain why: e.g. an overseas organisation  Describe alternative arrangements | | | | Yes/No |
| We confirm the company/organisation has Employer’s Liability Insurance or its equivalent.  If no please explain why: e.g. an overseas organisation  Describe alternative arrangements | | | | Yes/No  Copy of the Certificate is required |
| Does the Student(s) require any specific skills/abilities prior to the start of the placement?  Please describe: | | | | Yes/No |

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| We confirm that we will treat the student as a member of our staff and that we will:  - comply with health and safety legislation (applicable to the country hosting the placement)  - resolve health and safety issues with the student(s) promptly  We confirm that we will provide the student(s) with a full and clear induction to the organisation and its working practices, including:   * relevant risk assessments and health and safety arrangements * fire precautions and emergency evacuation arrangements * how to report accidents, incidents and unsafe conditions * First Aid arrangements * health and safety training   We confirm that in the cases of accidents and incidents involving a student or breaches of discipline by a student, we will advise and consult the University Placement Coordinator immediately.  We confirm that we will plan the work or study programme and ensure that students receive adequate support, guidance and all round experience, to enable them to achieve the intended learning outcomes as specified within the Individual placement learning agreements.  We confirm that we will advise and consult with the Visiting Tutor or Placement Co-ordinator at LJMU in cases of serious accidents, incidents or breaches of discipline by the student(s)  We confirm that we will provide the University with feedback about the progress of the placement when requested, including any feedback required by professional validating bodies.  Where a placement requires a DBS check to allow work with Young people and vulnerable adults, we confirm that we will provide the necessary information and signatures to allow students to obtain DBS (Disclosure and Barring Service) checks. |
| The Placement Learning Provider and the University agree that a placement agreement may be terminated by the University on the grounds of misconduct or other serious breaches by either party provided that the University is satisfied that the relationship between the Placement Learning Provider and the Student has irretrievably broken down. This does not affect the general right of the Placement Learning Provider to temporarily suspend a placement on reasonable grounds (including, but not limited to unforeseen events, accidents or incidents involving a student or misconduct by a student). Any suspension must be reported to the University within 24 hours of the circumstances giving rise to the suspension coming to the attention of the Placement Learning Provider. **The host organisation must hold and destroy LJMU participant data in accordance with the Data Protection 2018 including the GDPR regulations.**  Placement Learning Provider/Supervisor (please sign):  The above statements are true to the best of my knowledge and belief  Signature:  Print Name:  Job Title : Date: |