

**Placement Learning Code of Practice Appendix 3**

**Student Placement Conduct and Health and Safety Agreement**

**To be completed by the Student prior to the Placement\* commencement.**

 **\*This phrase incorporates work shadowing and volunteering as appropriate**

(This document may be placed in a module guide, in duplicate, allowing the students to sign a copy and keep a copy. Students attending multiple placements may complete one cope for each academic year as long as they inform their placement coordinator of any changes in their circumstances).

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| **Students Name**  |  |
| **Programme**  |  |
| **Student Number**  |  | **Date:** |  |
| **Are you aged under 18**  | **please circle Yes No**  |

This agreement outlines the expectations of the University and the responsibilities of the Student in respect of the provision of a placement learning, work shadowing, visits or volunteering, while on your programme at LJMU

The Student, as a representative of the University, will behave in a professional and responsible manner and in accordance with University Regulations. The Student will attend any pre-placement induction or health and safety training offered by the Placement Learning Provider or the University.

If the Student has to be withdrawn from the Placement for disciplinary reasons, action may be taken in accordance with the University’s Student Disciplinary Regulations <https://www.ljmu.ac.uk/~/media/files/ljmu/public-information-documents/student-regulations/guidance-policy-and-process/student-code-of-behaviour-and-discplinary-procedures-15-16.pdf?la=en>

**The Student agrees:**

* To not bring LJMU’s reputation in to dispute and actively work to promote a good reputation for LJMU and your fellow students
* To inform the University of any personal factors or changes to personal factors (e.g. health, disability, linguistic or cultural) that may affect the level of risk or may require reasonable adjustments to be made whilst on placement, work shadowing or volunteering opportunity.
* To attend/complete any health, safety or other briefing provided as part of their placement, visit or work shadowing opportunity and familiarise themselves with all information provided
* To abide by all rules regarding health and safety requirements, and other practices and procedures of the host organisation or any information given by the Occupational Health Unit
* To carry out the work or study programme specified by the Placement Learning Provider under the supervision of the specified Mentor(s)/Contact(s), as appropriate to the learning experience
* To assess their learning experience providing feedback to the University as required
* When on placement to report the University Placement Coordinator if any incidents, issues that occur or any concerns about health and safety at their host organisation or Placement Coordinator, that jeopardise the success of the learning experience.
* To allow personal data which is reasonably believed to be relevant to the host organisation to be shared by the University and the Placement Learning Provider, if appropriate
* To confirm that any vehicle insurance covers travel to/from work and business use if requested to travel during the placement (if driving to the placement by private vehicle)
* To consult with the University prior to seeking any changes in the terms and duration of the placement or volunteering, not applicable to work shadowing.
* To share next of kin information with the placement host

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| **Use this space to state any information that the Placement Co-ordinator should be aware of in relation to your personal circumstances while on placement:**  |

I have read and agree to the above.

**Student name (print in CAPITALS):**

**Signature:**

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

Thank you for your cooperation.

**All data will be held, stored and destroyed in accordance with the Data Protection 2018 including the GDPR regulations.**

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| *LJMU office use only* Further action required Yes/No  |
| **Approved by University Placement Tutor/Co-ordinator for and on behalf of LJMU**  |
| Signed: |
| Print name: |
| Job title: |