

**Placement Learning Code of Practice Appendix 4**

**Student Feedback on Health and Safety Arrangements during Placement Learning**

**(To be completed by the Student at the End of the placement)**

Your input into the improvement of placement learning is important to ensure that the health, safety and learning arrangements you experienced at the Placement are consistent with what has been promised by the Placement Learning Provider. To that end, please complete the form below giving feedback about your Placement experience. The form should be returned to the person and address at the end of the form.

|  |  |
| --- | --- |
| **Student name:** |  |
| **Student signature:** |  |
| **Date:** |  |
| **Person number (6 digits):** |  |
| **Programme of study:** |  |
| **Type of activity (please highlight of circle)** | **Location of placement (please highlight or circle):** |
|  |  |
| **Company/organisation address:** | **Placement start date:** | **Placement end date:** |
|  |  |  |
|  | **Question** | **provide additional information where asked** |
| **Learning**  | Were the work or tasks you were given to complete at the work placement at an **appropriate level to your abilities**? If your answer is No, please describe why in the box opposite to enable LJMU to work with the host organisation to improve future placements. | Yes/No  |
| Were the work or tasks you were given **within the scope of degree studies**?If your answer is No, please describe why in the box opposite to enable LJMU to work with the host organisation to improve future placements. | Yes/No  |
| **Did you gain valuable experience from your placement** outside of your degree subjects e.g. developed personal skills, experience of a different environment, or obtain network contacts? If your answer is No, please describe why in the box opposite to enable LJMU to work with the placement host for future placements. | Yes/No  |
| Did the placement **build on or contribute to your degree subject knowledge?** If your answer is No, please describe in the box opposite to enable LJMU to work with the placement host for future placements. | Yes/No  |
| **Accidents** | Did you have any accidents or witness any accidents or unsafe practices that you are concerned about? **If your answer is Yes, please describe in the box opposite.** | Yes/No |
| Were you asked for emergency contact details? | Yes/No |
| **Training and induction** | Did you receive any induction training? | Yes/No |
| **If so, did the induction training include:**  |
| - 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?- Ask you for your Next of Kin information?- Were you provided with on-going training?  | Yes/NoYes/NoYes/NoYes/NoYes/NoYes/No |
| **Supervision**  |  **(A)** | Were you allocated a supervisor whom provided you with instruction regarding hazards and health and safety precautions? | Yes/No |
| **(B)** | Were you left in charge of any situation where you felt you needed more training or closer supervision? **If your answer is Yes, please describe in the box opposite.** | Yes/No |
| **General** | Would you recommend this placement to another LJMU student? | Yes/No |
|  | Did you have any concern | Yes/No |

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| **Additional comments?** Any additional feedback is welcome. |
| **All data will be held, stored and destroyed by LJMU in accordance with the Data Protection 2018 including the GDPR regulations.** |

Thank you for your cooperation.

**Please return the completed form by email to….. or hand in to ….**