

OFF-SITE WORK – Work Placement (pre-acceptance)



This form should be completed by a representative of the Placement Provider prior to the acceptance of the placement

SECTION 1 GENERAL

Name of the organisation	<input type="text"/>		
Address and postcode	<input type="text"/>		
Address where the placement will be undertaken if different from main address	<input type="text"/>		
Name of the Placement Supervisor	<input type="text"/>	e-mail	<input type="text"/>
Start date	<input type="text"/>	Finish date	<input type="text"/>
Working hours	<input type="text"/>	Days per week	<input type="text"/>
Description of the placement opportunity being provided i.e. duties to be undertaken by the placement student	<input type="text"/>		

SECTION 2 HEALTH AND SAFETY

	YES	N/A
Does your organisation have Employers Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Does your organisation have Public Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Does your organisation have a Statement of Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>
Does your Insurance cover extend to the work placement student?	<input type="checkbox"/>	<input type="checkbox"/>
Will the placement student induction include health and safety topics i.e. first aid, fire safety arrangements, accident reporting procedures etc	<input type="checkbox"/>	<input type="checkbox"/>
Has a risk assessment been carried out for the work to be undertaken by the placement student?	<input type="checkbox"/>	<input type="checkbox"/>
Will personal protective equipment identified in the risk assessment be provided free of charge?	<input type="checkbox"/>	<input type="checkbox"/>
If the placement student has an accident in the placement workplace will you inform the UCL Academic Supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Will the placement student be expected to undertake any mandatory training before starting the work placement? If yes please give details below:	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION

I the undersigned have provided the above Work Placement information on behalf of my employer / organisation

Name	<input type="text"/>	Position	<input type="text"/>		
Signature	<input type="text"/>	e-mail	<input type="text"/>	Date	<input type="text"/>