## Template 4 Risk Assessment Form for Work Placements (WPs) and Collaborative Projects with Business (CPBs) - to be completed by placement/project coordinators or *students sourcing their own WPs and CPBs.*

This form is designed for placement/project co-ordinators or students sourcing their own WPs and CPBs to undertake a risk assessment directly with the external provider. While the student(s) may undertake the risk assessment initially***, this form must be finally approved by the placement/project/module co-ordinator before the placement or project can take place***. It is based on the [ASET guide](https://www.asetonline.org/wp-content/uploads/2016/11/e-ASET-Health-Safety-for-Student-Placements-2016.pdf) designed to guide Higher Education (HE) to conduct risk assessments for WPs and project work-based learning. Please refer to the ASET guide as a reference point while completing this form.

WPs and CPBs can either be onsite or remote. Onsite represents those WPs or CPBs where a student is physically based on the business premises. Remote WPs or CPBs are conducted entirely on a remote basis with students conducting all project work online. Organisations hosting onsite WPs and CPBs (either part or full time) must have employer and public liability insurance. Most employers will possess both these forms of insurance. Sole traders may only have public liability insurance. If the WP or CPB is remote, then only public liability is required.

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|  | Onsite | Remote | Student or Student Group (if known)  Name, group title, module | Start Date | End Date |
| Please indicate how the WP or CPB will be delivered |  |  |  |  |  |

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| --- | --- | --- | --- |
| Placement/Collaborative Project Provider | Location: | Main Contact and Role | Contact details |
| Company: |  |  |  |

**It requires:**

1. The placement or project co-ordinator and/or the student to co-ordinate and complete the form in collaboration with the WP or CPBs provider
2. Both the student and the WP or CBP provider to identify and action to mitigate risk.
3. That the academic supervisor/module co-ordinator checks this risk assessment has been undertaken and actions taken to mitigate risk as part of signing off the WP Agreement (for placements) or Project Agreement for a CPB form (for projects) prior to placement or project commencing.

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| Student responsibility | WP or CPB provider | Placement/Module co-ordinator responsibility |
| Ensure this risk assessment form is discussed and agreed with the placement provider  Ensure that any actions to mitigate risk have been taken  Submit this form, in addition to the WP/CPB Agreement Form (***Template 4***) | Ensure this risk assessment form is discussed and agreed with the student and the Placement/Module co-ordinator  Ensure that any actions to mitigate risk have been taken | Checks this risk assessment has been undertaken and actions taken to mitigate risk as part of signing off the WP/CPB Agreement form prior to the placement/project commencing. |

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| 1. General Control Measures | Check | Action Necessary? | Action Completed? |
| Will the student receive sufficient briefing/induction to the organisation? | Yes/No |  |  |
| Will the WP or CPBs provider complete and sign a;   * WP Agreement (for placements) ***OR*** * Project Agreement for a Collaborative Project with business form (for projects) | Yes/No |  |  |
| Has the WP or CPB provider offered a placement/project previously and been reviewed with regard to health and safety? | Yes/No      Yes/No |  |  |
| If ‘Yes’, do any concerns remain unresolved? | Yes/No |  |  |
| Do you have staff guidelines on how the business is managing COVID-19 risk?  If yes – does the student have a copy?  If no, how will you ensure the student is **informed and inducted** about health and safety procedures to mitigate risk on COVID-19? |  |  |  |
| 2. Risk Profiling and Further Specific Actions Necessary. Please complete in conjunction with the [ASET](http://www.asetonline.org/) guide page 28 | Risk Profile  (High,  Medium or  Low) | Action Necessary? | Action Completed? |
| **Work Factors**: e.g. hazards, working with high risk groups |  |  |  |
| **Travel and Transportation Factors:** e.g. travel, driving, |  |  |  |
| **Location and/or Region Factors:** e.g. lone working, exposure to crime, civil disorder |  |  |  |
| **General/Environmental Health**  **Factors:** health protection (vaccinations) weather |  |  |  |
| **Individual Student Factors:** e.g. additional needs, adjustments, skills required |  |  |  |
| **Equipment and Communication**: If the WP or CPB is remote – are there suitable arrangements in place for the student to access IT and set clear and safe means of communication with the provider? | Yes/No |  |  |
| Insurance arrangements and limitations (\*NOTE: the same level of insurances may not be required for remote placements/projects)   * **Does the business have employer liability insurance?** * **Does the business has public liability insurance** * **For specialist areas such as nursing, social work and Education – please check with your professional bodies** |  |  |  |
| 3. Conclusion |  | Action Necessary? | Action Completed? |
| Is a site safety visit required before placement is approved? | Yes/No |  |  |
| Are the risks tolerable such that the placement/project can be approved? | Yes/No |  |  |

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| --- | --- | --- | --- |
| Student Name | Student signature | Date | Have the actions to mitigate risk been completed? |
|  |  |  | **Yes/No** |

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| --- | --- | --- | --- |
| Placement/Project Provider name and job title | Placement/Project provider signature | Date | Have the actions to mitigate risk been completed? |
|  |  |  | **Yes/No** |

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| **Prepared by (placement/project/module co-ordinator):**  **Name:**  **Job Title:** |  | **Date** |  |
| **Have all actions to mitigate risk been completed?** | | **YES/NO** | |
| **I approve this placement** | | **YES/NO** | |
| **Signed** | |  | |