## Template 5: University Standard WP Agreement Form

By completing and signing this agreement, the University, the Work Placement (WP) provider and the student confirm that they will abide by the principles of the University of Stirling’s Policy on Work Placements and Projects. This includes sharing the student’s personal information with the WP Provider (including outside the EU where required) and all parties complying with the requirements of the General Data Protection Regulation (GDPR).

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| **SECTION 1 CONTACT DETAILS** | | |
| **Placement/Module co-ordinator:** | | |
| Name: | | |
| Email: | Tel. No. | |
|  | | |
| **Work Placement Provider Name:** | | |
| **Address where student(s) will be based on placement (leave blank if placement is remote)** | | |
| **Name of main point of contact within the WP Provider with overall responsibility for the WP student(s)** | | |
| Name: | | |
| Job Title: | | |
| Email: | Tel. No. | |
| **WP supervisor if different from above** | | |
| Name: | | |
| Job Title: | | |
| Email: | Tel. No. | |
|  | | |
| **Student details** | | |
| Name: | | |
| Email: | Tel. No. | |
| Student ID: | | |
| Student module/programme: | | |
|  | | |
| **SECTION 2 PLACEMENT OPPORTUNITY** | | |
| Start Date: | | Finish Date: |
| Attendance Pattern (work-based on the provider premises) | | Location: |
| If remote, what are the agreed working patterns: | | Minimum number of hours to be completed: |
| This is a paid/unpaid\* WP opportunity (\*delete as appropriate) | | |

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| If this placement is either in part or conducted completely remotely, what arrangements are in place to ensure all stakeholders (students, employer and module coordinator) are in regular communication and that the project is monitored a for progress and unexpected issues arising. Please specify if a specific platform(s) will be used to communicate: e.g. MS Teams, MS Planner, Zoom etc. | | |
| The Student shall/shall not\* be entitled to reclaim expenses incurred during the placement from the WP provider (\*delete as appropriate) | | |
| Overview of WP, including aims and tasks: | | |
| What outcomes are expected from the WP? | | |
| Any other issues e.g. specific equipment required. | | |
| **SECTION 3 HEALTH, SAFETY, INSURANCE AND DATA PROTECTION** | | |
| The WP provider shall comply with all health and safety and data protection laws, rules and guidelines and shall be responsible for the health and safety of the student whilst on its premises or elsewhere in connection with the WBPL’s business activities. | Yes | No |
| Does the provider have a written health and safety policy? |  |  |
| Does the provider have a procedure for providing general health and safety training for people working for them, including use of equipment, vehicles etc.? |  |  |
| Will the provider provide relevant health and safety training for the WP student as part of their induction? |  |  |
| If onsite, will the provider conduct at specific Covid 19 induction and provide guidelines to the student prior to the WP commencing? |  |  |
| Does the provider have a procedure for recording and reporting accidents and incidents? |  |  |
| Does the provider have a procedure for complaints that the student may use if necessary? |  |  |
| Does the provider hold Public and Business’s Liability Insurance?  If no, will the student be insured for damage to themselves or others during their placement? |  |  |
| Does the provider meet the requirements of the General Data Protection Regulation including the requirements for ensuring personal data is held securely? |  |  |
| **SECTION 4 SIGNATURES** | | |
| By signing below the Student is confirming that they understand and abide by the principles of the University of Stirling’s Work Placement and Project Policy. Please use an electronic signature if this cannot be done in person. | | |
| **Signature** | **Date** | |
| Student: |  | |
| By signing below the Work Placement Provider Representative is confirming the information provided on this form is correct and that they will abide by the principles of the University of Stirling’s Work Placement and Project Policy | | |
| **Signature** | **Date** | |
| WP Provider |  | |
| By signing below the University Representative is confirming that they have made all the necessary checks regarding the WP provider and have provided the student with all the information they require in accordance with the University of Stirling’s Work Placement and Project Policy | | |
| **Signature** | **Date** | |
| University representative (placement/or module co-ordinator) |  | |