# Placement Provider Form

This form is to be completed by the organisation providing a placement to a University of Leicester student, known as the Placement Provider. We will use this information to assess the role the student has been offered which will form part of their degree programme. As part of this, we will assess whether the role enables the student to meet the learning outcomes of their course.

In the best interests of the University of Leicester and community of stakeholders, we wish to partner with organisations to offer suitable and appropriate experiences and employment activities to students. We do not work with organisations and/or support students to undertake experience or employment which might adversely affect our reputation or compromise our academic freedom or integrity.

## Your Responsibilities as a Placement Provider

By submitting this form, you confirm that you will meet the following requirements for your placement:

1. Have clear objectives for the placement and what you expect the student to learn and demonstrate throughout their placement.
2. Appoint a suitably qualified and experienced staff member to act as the Student’s line manager/supervisor.
3. Provide any necessary training for the student to complete their role, in the same way you would treat any new or existing employee.
4. Ensure the student is briefed on any necessary health and safety/data protection requirements for the role.
5. Provide regular line management and supervision for your placement student.
6. Provide opportunities for the student to develop their skills and confidence in the workplace.
7. If possible, provide an in-house mentor to support the student throughout their 0placement.
8. Keep in contact with the University about any questions, concerns, or significant changes to a student’s placement.
9. Sign off the student’s monthly reflective journal if you are employing an **international student on a Student Visa.**
10. Be the primary owner of the risks arising from the student’s work on the placement. As part of this, UK organisations should hold public liability insurance or equivalent and employers’ liability insurance or equivalent. If a student will be acting in an advisory nature, organisations should also hold Professional Indemnity Insurance.
11. Ensure suitable financial arrangements are in place with the Student, to ensure they will be paid correctly and in a timely manner.
12. Not use the Students’ access to University resources such as digital library resources for your own commercial benefit, as such use is prohibited by the University’s licences with software and content providers.

Please fill in **every** **section required.**

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| --- | --- | --- |
| 1. **Placement Provider Details** | | |
| 1. Name of Organisation |  | |
| 1. Address where the placement will be based |  | |
| 1. Postcode |  | |
| 1. Web Address |  | |
| 1. Does your organisation undertake any activity in the following areas:  * Environmental damage * Manufacture and sale of armaments * Manufacture and sale of tobacco products * Activities abroad which would be considered illegal in the UK * The causing of harm or injury to third parties * Gambling/gaming involving money at risk | Yes  No  Unsure  If yes, please provide details below:    **Note:** Selecting yes to question (e) will not automatically prevent the placement from going ahead, further information may be required to assess the suitability of the placement. | |
| 1. **Placement Student** | | |
| 1. Name of University of Leicester student | |  |
| 1. **Placement Provider named contact for University and Placement Student** | | |
| 1. Name of main contact   **Please note:** This person will need to be accessible as the University will be in touch via email or telephone throughout the placement.) |  | |
| 1. Contact Job Title |  | |
| 1. Contact Email |  | |
| 1. Contact Telephone Number |  | |
| 1. **Placement Role details** | | |
| 1. Job Title | |  |
| 1. Role Start date   If an exact date is not known, please provide the expected month the student will start. | | **Please Note:**   1. The proposed start date must be at least 10 working days after the date that this form is submitted to allow the university time to process the placement approval 2. Students must not start their placement until the placement has been approved by the university |
| 1. Role End date (expected month if unknown) | |  |
| 1. Working hours per week | |  |
| 1. Does the role include a probation period? | | Yes  No  If yes, please provide informationon how the probation period will be assessed: |
| 1. Please outline what you expect the student to achieve by the end of the role: | |  |
| 1. **Work factors** | | |
| 1. Will the nature of the work undertaken by the student expose them to any hazards or risks?   For example this might include operating machinery, working with hazardous materials, or supporting vulnerable children or adults. | | Yes  No  If yes, please provide details below of the hazards or risks the student will be exposed to, and how you will support them with this: |
| 1. Does the student need any specific training for the role or to undertake tasks? | | Yes  No  If yes, please provide details of how the training will be provided: |
| 1. Does the role involve the student working from their home? | | Yes  No (if No, please continue to section 6.)  If yes, how frequently will they work from home:  Permanently  Hybrid working e.g. two days in office, three days working from home  Fully Remote |
| 1. **(if ‘Yes’ to 5.c)** How will the student be monitored and supported during periods that they are working from home? | |  |
| 1. **Travel and transport factors** | | |
| 1. Does the role involve working from sites other than the main address (the address provided in section 1) | | Yes  No  If yes, please provide details below of how the student will travel from the main address to other sites (e.g. train, company car etc.): |
| 1. Does this placement require any travel outside of the UK?   **Please note:** If a student is travelling overseas at the Placement Providers request, (as part of the job description) then the university is not responsible for the travel insurance and it is the Placement Provider responsibility to risk assess the travel.  If the student is travelling overseas to attend the placement, then the responsibility is with university. | | ☐ Yes  ☐ No |
| 1. **Location and regional factors** | | |
| * 1. Does the organisation’s main location for the student present any risks?   For example, this might include civil disorder, crime, environmental disasters, infectious disease, or poor healthcare access. | | Yes  No  If yes, please provide details below of the risks and actions in place to minimise the risk: |
| 1. **Health and environmental factors** | | |
| 1. Is the student required to take precautionary measures to undertake the placement?   For example, this might include vaccinations, PPE, medical or dietary advice, or specific living arrangements. | | Yes  No  If yes, please provide details below of the precautionary measures: |
| 1. **Personal factors** | | |
| 1. If required, are you able to support students with any personal factors that may affect their placement?   For example, this might include making reasonable adjustments for physical or mental health conditions or disabilities. | | Yes  No |
| 1. **Policies and Insurance (UK Providers Only)** | | |
| 1. **UK providers only:** Does your organisation hold Public Liability Insurance or equivalent?   Equivalent within the UK may refer to self-insurance or crown indemnity insurance (NHS). | | Yes  No  N/A (Crown/NHS Indemnity)  If **yes**, please confirm:  a. Name of provider:  b. Expiry date:  If **no**, what will happen if a member of the public makes a claim: |
| 1. **UK providers only:** Does your organisation hold Employer’s Liability Insurance or equivalent?   This is usually a **legal requirement** for employing a placement student – for more information see [gov.uk](https://www.gov.uk/employers-liability-insurance). | | Yes  No  If yes, please confirm:  a. Name of provider:  b. Expiry date:  If no, what will happen if the placement student becomes ill or injured due to the work they complete on placement with you? |
| 1. **UK providers only:** Does your organisation hold Professional Indemnity Insurance or equivalent?   This insurance is **only applicable** if during the placement a student may provide advice, designs, or professional services to the public or other businesses. | | Yes  No, but the placement student **will** provide advice, designs, or professional services to people outside the business.  No, this insurance is not applicable to the role/company.  If yes, please confirm:  a. Name of provider:  b. Expiry date: |
| 1. **Policies and Insurance** **(Overseas Employers only)** | | |
| 1. **Non-UK providers only:** Would your organisation’s insurances cover liability if your business is held responsible for injury or damage to a client, contractor, or member of the public? | | Yes  No  If yes, please confirm:  a. Name of provider:  b. Expiry date: |
| 1. **Non-UK providers only:** Would your organisation’s insurances cover liability arising from injury sustained by a student as a result of their duties in the role? | | Yes  No  If yes, please confirm:  a. Name of provider:  b. Expiry date: |
| 1. **Non-UK providers only:** Would your organisation’s insurances cover any legal/compensation costs arising from the placement student’s advice or professional services? | | Yes  No, but the student will be providing external advice or professional services in their role.  No, but the student will not be providing any external advice or professional services.  If yes, please confirm:  a. Name of provider:  b. Expiry date: |
| 1. **Health and Safety** | | |
| 1. Does the organisation have a procedure for recording and reporting accidents/incidents? | | Yes  No |
| 1. Does the organisation have a written health and safety policy? | | Yes  No |
| 1. Does the organisation provide health and safety training for new employees? | | Yes  No |
| 1. **University Access and Support** | | |
| 1. Will staff from the University be able to undertake site visits during the placement as required in consultation with appropriate staff at your organisation? | | Yes  No  If No, please provide reasons: |
| 1. Are there any issues relating to confidentiality or disclosure which the University will need to take into account in its procedures for assessing work undertaken by students on placement in your organisation? | | Yes  No  If Yes, please provide details: |
| 1. **Declaration and Signature** | | |
| **By completing this form you have accepted the conditions and requirements set out in the Responsibilities of the Placement Provider on page one of this document. You also confirm all the information provided in this form is factually correct at the time of submitting.** | | |
| **Name** | |  |
| **Job Title** | |  |
| **Signature** | |  |
| **Date** | |  |

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