WORK EXPERIENCE PRE-PLACEMENT AGREEMENT For completion by UoN

|  |  |
| --- | --- |
| NAME OF STUDENT |  |
| **UNIVERSITY SCHOOL/DEPT PROVIDING PLACEMENT** |  |
| PERSON(S) SUPERVISING STUDENT |  |

**CONDITIONS WHICH REQUIRE FURTHER DISCUSSION WITH UNIVERSITY OCCUPATIONAL HEALTH DEPARTMENT** **OR ADDITIONAL RISK ASSESSMENT DUE TO DISABLITY**

|  |  |
| --- | --- |
| Any condition  * likely to impair consciousness * limiting use of limbs, * limiting breathing, * affecting vision, or hearing, * affecting mental health * walking on flat, using stairs, | * bending or lifting * affecting exposed parts of the skin (face & hands) * limiting exercise tolerance * requiring regular medication |

#### The following section to be completed by student and/or parents

**1. HEALTH DECLARATION**

* *I confirm that none of the listed medical conditions apply.*
* *Some of the above conditions do apply and I understand that the placement will be subject to confidential referral to the University Occupational Health Department*

**Signature of student** **Date**

**Signature of parent/guardian** **Date**

[If student is under school leaving age]

**2. RESPONSIBILITIES**

The University will fully discharge it duties in managing health and safety under the Health and Safety at Work Act 1974 and its relevant statutory provisions. However it is important that you/ your son/daughter understands your/ his/her responsibility and signs up to the following declaration.

**I agree to:**

* Participate in the work experience placement.
* Comply and co-operate with any safety security and other rules laid down by the University either through written documentation or instruction and training.
* Take reasonable care for my own health, safety and welfare and for that of anyone else who may be affected by my actions or omissions
* Hold in confidence any information about the University’s business which I may obtain during the placement and not to disclose such information to another person without permission.

**Signature of student** **Date**

**Signature of parent/guardian** **Date**

[If student is under school leaving age]

**Appendix III **

**RISK ASSESSMENT FOR WORK EXPERIENCE/ SHORT TERM INEXPERIENCED WORKERS.**

|  |  |
| --- | --- |
| SCHOOL |  |
| **DEPARTMENT** |  |
| **PERSON REPSONSIBLE [Head of School or Department]** |  |
| **Name of assessor** |  |
| **Date of assessment** |  |

The following **standard precautions** are adopted by Schools/Departments offering work experience or similar placements:

# The School/Department will ensure that the young person/student

* Is never left alone in the School/ department, will not work alone or out of hours, and will be properly supervised at all times by [INSERT NAME(s)]
* Is not exposed to radiation.
* Will not be involved in work with any carcinogens or toxic substances and will be kept away from areas where such materials are handled.
* Is not allowed to work beyond their physical or psychological capabilities. They will not be involved in lifting or handling of significant loads. Contact with patients will only be considered after thorough assessment has been made of the psychological risks [see below if relevant]
* Is not being exposed to excessive noise, vibration, heat or cold.
* Is not exposed directly to respiratory sensitises
* Is not involved in the use of workshop machinery with moving parts, automatic/semi-automatic cutting machinery, guillotines, power presses, woodworking machinery, compressed air tools or similar hazardous machinery.

# Specific procedures and activities

The placement will involve the following procedures and activities which have undergone risk assessment and control measures to reduce risk to very low levels have been identified.

|  |  |
| --- | --- |
| **Process /activity** | **Control measures to reduce risk to low/effectively zero** |
|  |  |
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|  |  |

# Signatures Date

|  |  |  |
| --- | --- | --- |
| Assessor |  |  |
| School Safety Officer |  |  |
| Head of School/Dept |  |  |