

# Work Placement Risk Assessment

Please complete this Risk Assessment as fully and accurately as possible.

Please note that all forms will be used/kept securely on the University's servers in line with current data protection legislation, and in a confidential manner. Information disclosed on this form will only be used to ensure your health and safety during the work placement/consultancy project and will be destroyed once you have completed your studies at the University. The Careers and Employability Service will not share your personal information with anyone outside the department without your written permission to do so. To find out more about your rights as a data subject and how the University complies with data protection legislation, please visit this link.

Employer Name:

Employer Address:

Work Placement Mentor:

1. Whilst on work placement, will you be working in an office environment or in another low hazard environment?      Yes                  No

If you answered 'No', please assess the likelihood of encountering the following risks in your work placement.

	<b>Very likely</b>	<b>Likely</b>	<b>Unlikely</b>	<b>Will Not Occur</b>
<b>Construction Work:</b> heights, dust, moving machinery, electricity, etc.				
<b>Operating Machinery:</b> high speed rotating parts, crushing, entanglement, etc.				
<b>Laboratory Work:</b> toxic or hazardous materials, etc.				
<b>Community Work:</b> known high risk of drug abuse, homelessness, violent patients, etc.				
<b>Working with Animals:</b> animals including bites, kicks and bedding, etc.				
<b>Licensed Activities:</b> diving, flying aircraft, etc.				
<b>SME, where no professional health and safety advice is apparent.</b>				

## Travel and Transport

2. Will you be working remotely?    Yes    No

If you answered 'Yes', please go to question 4. If you answered 'No', which mode of transport will you take to your work placement, and how long will it take?

	Less than 10 minutes	10 – 30 minutes	30 – 45 minutes	More than 45 minutes	n/a: you will not use this mode of transport
<b>Train</b>					
<b>Car</b>					
<b>Motorbike</b>					
<b>Cycling</b>					
<b>Walking</b>					
<b>Other</b>					

If you answered 'Other', please specify the mode of transport, and how long it will take to get to your work placement.

3. Please assess the likelihood of the following risks with regard to the **travel arrangements** to your work placement.

	Very Likely	Likely	Unlikely	Will Not Occur
<b>High Risk</b>				
<b>Medium Risk</b>				
<b>Low Risk</b>				

4. Please assess the likelihood of the following risks with regard to the **location** of your work placement.

	<b>Very Likely</b>	<b>Likely</b>	<b>Unlikely</b>	<b>Will Not Occur</b>
<b>High Risk</b>	Abroad, in a region where the FCDO advises against travel			
	Unavoidable lone or remote working, in proximity of significant risk			
	Communication likely to be difficult			
	Medical and rescue services not available locally or quickly			
<b>Medium Risk</b>	Abroad, in a region with a higher than normal risk of civil disorder			
	Aboard, in a region identified by the FCDO as low risk			
	Delays in communication with tutors and placement coordinators			
<b>Low Risk</b>	In the UK, with no significant local risks			

## Health and Wellbeing

5. Does your work placement require specific health protection measures?    Yes    No

If you answered 'Yes', please assess the likelihood of the following risks with regard to your **working conditions** on your work placement.

	<b>Very Likely</b>	<b>Likely</b>	<b>Unlikely</b>	<b>Will Not Occur</b>
<b>High Risk</b>	Local or regional health risks require mandatory and specific health protection measures such as inoculations			
	Very hot or strenuous working conditions, such as outdoor manual handling			
	Very cold working conditions, such as frequent use of a cold food storage or freezer			
<b>Medium Risk</b>	Local or regional conditions require some precautionary measures such as optional inoculations or travel with a medical travel kit			
<b>Low Risk</b>	No significant environmental health risks			

6. Please indicate below whether you have any health conditions, disabilities, or require extra support as far as your health and wellbeing is concerned during your work placement. If you answer yes, we will contact you for further details about how we can ensure you are supported. Please note that all information will be treated in the strictest confidence.

Yes    No

Please ask your employer to share their insurance policy with you, and assess the likelihood of the following risks on your work placement.

		Very Likely	Likely	Unlikely	Will Not Occur
<b>High Risk</b>	Locations, activities, and/or circumstances that are excluded from the University's travel and other insurance cover				
	Locations where the placement provider's insurance does not cover the student for personal or third-party liability, associated with the work by the student				
<b>Medium Risk</b>	Locations, activities, and/or circumstances that require prior acceptance from the University's insurers before being covered				
<b>Low Risk</b>	Locations, activities, and/or circumstances that are automatically included in the University's insurance cover				
	UK locations where the placement provider must have employers' liability insurance cover				

7. Please provide emergency contact details including the contact's name, contact details, and relationship to you.

Name of Student:

Student's Email Address:

*Alex Appleseed*