**Appendix 8: Placement Risk Assessment**



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| **Placement provider** | | **Student name** | **Placement**  **start and end dates** |
| **Name:**  **Location:**  **UK  Overseas** | |  |  |
| 1. **General control measures** |  | **Is any further action necessary?** | **Outcome of completed action** |
| Has the placement provider confirmed receipt and acceptance of your written communication? | Yes/ No |  |  |
| Has this placement provider been used before and been reviewed in regard to health and safety?  If yes do any concerns remain unresolved? | Yes/ No  Yes/ No |  |  |
| Does the placement provider have a H&S advisor? | Yes/ No |  |  |
| Does the student meet any medical requirements or restrictions outlined by the placement provider? | Yes/ No |  |  |
| Has the student received sufficient briefing? | Yes/ No |  |  |

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| 1. **Risk assessment and further specific actions necessary** | **Initial Risk profile** *(high, medium, low)* | **Is any further action necessary?** | **Outcome of completed action** | **Final Risk profile** *(high, medium, low)* |
| Work factors |  |  |  |  |
| Travel and transportation factors |  |  |  |  |
| Location and/ or regional factors |  |  |  |  |
| General/ environmental health factors |  |  |  |  |
| Individual student factors |  |  |  |  |
| Insurance limitations |  |  |  |  |

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| 1. **Conclusions** |  | **Is any further action necessary?** | **Outcome of completed action** |
| Is a site safety visit required before a placement is approved? | Yes/ No |  |  |
| Are the risk tolerable such that the placement can be approved? | Yes/ No |  |  |

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| **Prepared by:** |  | **Date:** |  |
| **Have the above actions been completed?** | | Yes/ No | |
| I (print name: ) approve this placement. | | | |
| **Signed:** |  | **Date:** |  |

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| **Student:** |
| I confirm I have received the information contained within the placement risk assessment and other relevant documentation from the placement provider.  I would like to proceed with the placement  I do not wish to proceed with the placement  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |