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| Elective Placement Agreement | 2020 | |
| This agreement provides the students and their receiving organisations with an outline of the central policies that usually relate to Trusts and organisations. You must present this signed copy to the receiving organisation. You may, however, be required to sign an agreement / honorary contract relevant to the organisation that provides you with your placement. | | Student Name  …………………………………….  Directorate  …………………………………….  Placement  …………………………………….  Dates  from…………….to……………. | |

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| This agreement is for the period of the elective placement, and the student requiring the placement must comply with the following conditions (in addition to the requirements of the University of Liverpool Student Handbook, the School of Health Sciences Student Handbook and the Professional Values domain in the Practice Assessment Record):   1. During the placement the student will be allocated to named employees who will be responsible for implementing the Trust’s/organisation’s requirements in respect of the placement 2. During the placement the student will be expected to undertake observation and participation in practice 3. Students must have followed Trust/ organisation requirements regarding any other special requirements (e.g. dress code)   Failure to comply with the requirements of this agreement may lead to termination of the placement. | |
| **Name/ Signature** (on behalf of Trust/organisation)  ………………………………………………………………………………………… | |
| **Designation** ……………………………………………………………………… | **Date** ……………………………… |
| I have read and understood the conditions of my Global Health Elective Placement Agreement and confirm my acceptance of them. | |
| **Signature** (Student)  ………………………………………………………………………………………… | **Date** ……………………………… |

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| Student’s Next of Kin | | |
| **Name:** ………………………………………………………………………………  **Address:** ……………………………………………………………………………  ………………………………………………………………………………………….  ………………………………………………………………………………………….  ………………………………………………………………………………………….  **Telephone Number**  **(h)** …………………………………………………………………………………….  **(m)** ……………………………………………………………………………………  **Email address** …………………………………………………………………… | | |
| **circle as appropriate** | | | |
| In an emergency, do you give permission for University staff to discuss you and your placement situation with the next of kin detailed in this agreement? | Yes | No | |

## Risk Assessment Form

*To be completed with the student in conjunction with the UCEA Health and Safety Guidance for the placement of Higher Education students (2009)*

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| Work factors | | | | |
|  | | **circle as appropriate** | | |
| Additional questions to consider:  Have University of Liverpool Students previously undertaken a placement here? | | Yes | No | N/A |
| Risk profile (high, medium or low) | Action necessary? | Action completed? | | |
|  |  |  | | |
| Travel and transportation factors | | | | |
|  | | **circle as appropriate** | | |
| Additional questions:  Have you got a passport that will be valid for the duration of your placement? | | Yes | No | N/A |
| Have you arranged any necessary visas and/ or work permits? | | Yes | No | N/A |
| Risk profile (high, medium or low) | Action necessary? | Action completed? | | |
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| Location and/ or regional factors | | | | | |
|  | | **circle as appropriate** | | | |
| Additional questions  Will the student view the latest Foreign Office information on the country to be visited, and monitor the political situation there and check regularly for updates:  <https://www.gov.uk/foreign-travel-advice> | | Yes | No | | N/A |
| Will the student subscribe to the FCO Country-specific Travel Advice update service relevant to the country you will be living in? This will alert them to any urgent news and provide relevant advice. | | Yes | No | | N/A |
| Risk profile (high, medium or low) | Action necessary? | Action completed? | | | |
|  |  |  | | | |
| General/ environmental health factors | |  | |  | |
|  | | **circle as appropriate** | | | |
| Additional Questions:  Have you taken appropriate advice regarding malaria and any other endemic diseases as appropriate and are taking any necessary medication? | | Yes | No | | N/A |
| Have you taken appropriate advice regarding special requirements of the placement area (e.g. dress code at work; in general) | | Yes | No | | N/A |
| Risk profile (high, medium or low) | Action necessary? | Action completed? | | | |
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| Individual student factors | | | | | |
|  | | | **circle as appropriate** | | |
| Additional Questions:  Have you alerted the placement to any additional learning needs? | | | Yes | No | N/A |
| Risk profile (high, medium or low) | Action necessary? | | Action completed? | | |
|  |  | |  | | |
| Insurance limitations | | | | | |
|  | | | **circle as appropriate** | | |
| Additional Questions:  Students are required to have their own personal indemnity insurance to undertake elective placement.  Please confirm that you have arranged this with your appropriate professional body (e.g. Unison/ RCN/ CSP/ SOR) | | | Yes | No | N/A |
| Does the placement area have the relevant liability insurance in place to cover you for injury in the event of legal liability being established against them?  Our normal requirement is that the Placement Provider must hold liability insurance (i.e. “Public Liability Insurance” or “Employer’s Liability Insurance” (this is sometimes referred to as Workers Compensation Scheme Insurance). | | | Yes | No | N/A |
| Risk profile (high, medium or low) | Action necessary? | | Action completed? | | |
|  |  | |  | | |
| Have the above actions been completed | | Yes/ No | | | |
| Placement Approved | | Yes/ No | | | |
| Signature:  …………………………………………………………………………… | | Date:  ……………………………………………………………… | | | |

**Pages 1-6 to be completed and returned to the University before commencement of placement**

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| Elective Placement Learning Contract (Nursing students only) | | |
| Student name: …………………………………………………………………………………. | | |
| Placement: ………………………………………………………………………….............. | | |
| Dates of negotiated placement:  From ………………………………………………to..............……………………………..... | | |
| Reason for choosing placement:  …………………………………………………………………………………………........................................................  …………………………………………………………………………………………........................................................  …………………………………………………………………………………………........................................................ | | |
| What previous experiences are you bringing to your negotiated placement?  …………………………………………………………………………………………........................................................  …………………………………………………………………………………………........................................................  …………………………………………………………………………………………........................................................ | | |
| How will you achieve your learning outcomes? (list what you would like to do / see during the placement)  …………………………………………………………………………………………........................................................  …………………………………………………………………………………………........................................................  …………………………………………………………………………………………........................................................ | | |
| Breakdown of hours during negotiated placement (150 hours required):  …………………………………………………………………………………………........................................................  …………………………………………………………………………………………........................................................  …………………………………………………………………………………………........................................................ | | |
| **Signature** (Student)  ………………………………………………………………………………………… | **Date** ……………………………… | |
| **Name/ Signature** (on behalf of Trust/organisation)  …………………………………………………………………………………………............................................. | | |
| **Designation**…………………………………………………………………… | | **Date** ……………………………… |

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| School Of Health Sciences  Directorate of Occupational Therapy  **Professional Practice 6 (Elective Placement)**  **(Occupational Therapy Students only)**  **PLACEMENT DETAILS/CONFIRMATION FORM**  *(This form must be returned no later than 13th December 2019)*  Name of Student: ...................................................................................................................  Name of Organisation: ...........................................................................................................  Type of Experience: ................................................................................................................  Name of Placement Location: ................................................................................................  Contact Address: ....................................................................................................................  .................................................................................................................................................  Email: ......................................................................................................................................  Telephone Number: ...............................................................................................................  Name of Practice Educator: ……………………………………………………………………………………………….  **Placement Offer Agreed**  Signature of Practice Educator: ..............................................................................................  Signature of Student: ..............................................................................................................  Agreed Placement Date: ............................................... to ...............................................  Signature of University Tutor: ....................................................... Date: ..............................   |  | | --- | | **Page 8 must be signed and returned to the University by 15th December** | |