

**INSERT NAME OF SCHOOL**  
**Step 1:WORK BASED PLACEMENT**



**Student and Company Details**

<b>STUDENT DETAILS:</b>		
<b>Student Name:</b>	Family Name:	First Name:
<b>HWU ID Number:</b>		
<b>Email Address:</b>		
<b>Programme of Study:</b>		
<b>Programme Director:</b>		

<b>PLACEMENT DETAILS</b>		
<b>Company Name:</b>		
<b>Industrial Supervisor</b>	Family Name:	First Name:
<b>Address</b>		
<b>Telephone:</b>		
<b>Email :</b>		

FOR SCHOOL ADMIN USE ONLY:

	<b>DATE</b>
Details entered onto system	
Organisation Contacted with Step Two Form	
Expected date for return of form	
Authority to proceed form issued to student	
Student placement started	

**INSERT SCHOOL NAME**  
**Step 2: Work Based Placement**  
**Health and Safety Checklist**  
**Employer's Form**



Name of Company:  Email Address:

Address:  Telephone Number:

		Yes	No
1	Do you have a written health and safety policy?		
2	Do you have a policy regarding health and safety training for people working in your organisation, including use of vehicles, plant and equipment?		
3	Will you provide all necessary health and safety training for the student on placement?		
4	<p><i>Insurance</i></p> <p>Does your organisation hold Employer and Public Liability Insurance? Please provide a copy of the insurance certificates</p> <p>Will your insurance cover any liability incurred by a student on placement as a result of their duties during placement?</p>		
5	<p><i>Risk Assessment</i></p> <p>Have you carried out risk assessment of your work practices to identify possible risks whether to your own employees or to others within your undertaking?</p> <p>Are risk assessments kept under regular review?</p> <p>Are the risk control measures recommended in risk assessments implemented?</p>		
6	<p><i>Accidents and Incidents</i></p> <p>Is there a formal procedure for reporting and recording accidents and incidents in accordance with RIDDOR <a href="http://www.hse.gov.uk/riddor/">http://www.hse.gov.uk/riddor/</a> or equivalent (please specify)?</p> <p>Have you procedures to be followed in the event of serious and imminent danger to people at work in your undertaking?</p> <p>Will you report to the university all recorded accidents involving placement students?</p> <p>Will you report to the university any sickness involving placement students which may be attributable to the work?</p>		
7	Is the workplace compliant with the Disability Discrimination Act in terms of access to buildings and toilet facilities for students with special needs and disabilities?		

Please provide your nominated contact for matters regarding health and safety legislation:

Name:  Position:

The above statements are true to the best of my knowledge and belief:

Signed:  Date:

Please return this form to:

**INSERT NAME/OFFICE**  
**INSERT NAME OF SCHOOL**  
 Heriot-Watt University  
 Edinburgh  
 EH14 4AS  
**Telephone:**  
**Email:**

### Step 3: Work Based Placement Authority to Proceed



Name of Student:  Start Date:

Name of Industrial Supervisor:  End Date:

Name of Company:  Email Address:

Address:  Telephone Number:

Job Title on Placement

Outline Roles and Responsibilities

This authority enables you to begin your placement immediately, or on the start date shown above, whichever is later. It is valid for the whole of your employment with the company named above, unless circumstances change sufficiently to warrant its withdrawal.

Once you begin your placement you should complete the *Industrial Placement Health and Safety Checklist [Student]* and return this to the School Office (details below).

#### Authorised by:

**Programme Director (on behalf of the Head of School)**  
Name:  Signed:

**School Safety Officer (if appropriate)**  
Name:  Signed:

**Industrial Supervisor:**  
Name:  Signed:

I have read and understood the university's guidance on my student placement and undertake to comply with the policy.  
Name of Student:  Date:   
Signature:

Please return this form to:  
INSERT NAME/OFFICE  
INSERT NAME OF SCHOOL  
Heriot-Watt University  
Edinburgh  
EH14 4AS  
Telephone:  
Email:

# Step 4: Work Based Placement Health and Safety Checklist Student's Form



<b>Name of Student:</b>	<input type="text"/>	<b>Start Date:</b>	<input type="text"/>
<b>Name of Industrial Supervisor:</b>	<input type="text"/>	<b>End Date:</b>	<input type="text"/>
<b>Name of Company:</b>	<input type="text"/>	<b>Email Address:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>	<b>Telephone Number:</b>	<input type="text"/>

The following items should be included in your induction into the organisation, preferably on your first day. Please check off the items below when they occur and inform your Course Director of any items not covered within one week of the start of your placement. Some of the items below may not be applicable to your placement and if so it is acceptable to insert a non- applicable (N/A) in the Date column.

General orientation	Date
Introduction to key staff members and their roles explained	
Job duties and main tasks explained and understood	
Location of toilet facilities	
Location of canteen, rest room etc	
Lunch, tea and coffee arrangements	
Location of workplace, access arrangements and normal working hours	
Dress code	
Location of your own workspace	
How to answer the telephone, transfer calls and make internal / external calls	
Postal arrangements	
Car parking arrangements	

Health and safety issues	Date
Emergency procedures	
Safety policy received or location known	
Location of First Aid box	
First Aid arrangements (including names of first-aiders)	
Fire procedures and location of fire extinguishers	
Accident reporting and location of accident book	
COSHH regulations	
Display Screen Equipment regulations/procedures	
Manual handling procedures	
Protective clothing arrangements	
Instruction on equipment participant will be using (list equipment)	
Briefing on any specific hazards and associated procedures	
Briefing on areas that you cannot enter, or any special access procedures	
Any adjustments for disability / special needs provision identified and requested	
Other issues (please specify):	

<b>Name of Student:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
<b>Signature:</b>	<input type="text"/>		

Please return this form to:

INSERT CONTACT NAME  
 INSERT NAME OF SCHOOL  
 Heriot-Watt University  
 Edinburgh  
 EH14 4AS  
**Telephone:**  
**Email:**

**Step 5: Work Based Placement  
Report from Student to Tutor  
(Every ..... Weeks whilst on Placement)**



Name of Student:  Start Date:

Name of Industrial Supervisor:  End Date:

Name of Company:  Email Address:

Address:  Telephone Number:

Job Title on Placement

Date of Commencement of Placement:	<input type="text"/>	Date of last report to academic supervisor	<input type="text"/>
Work undertaken since last report:			
Problems encountered (please note this information will be kept confidential):			
Work planned for next period:			
Any other issues you wish to raise:			

Name of Student:  Date:

Signature:

Please return this form to:

INSERT CONTACT NAME  
INSERT NAME OF SCHOOL  
Heriot-Watt University  
Edinburgh  
EH14 4AS  
Telephone:  
Email: