**STUDENT PLACEMENT QUESTIONNAIRE**

Name of Student:

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Name of Receiving Organisation/Placement Company:

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Address of Receiving Organisation/Placement Company:

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Duration of Placement:

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| From: / / To: / / |

Details of Duties/Activities which will be undertaken during placement by the Student

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Will any medical/dental/optical advice, diagnosis or treatment be

undertaken as part of the Student's placement? **Yes/No**

If "Yes", please provide details of the nature of the advice diagnosis or treatment expected to be provided.

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Who will be responsible for supervision of the Student during the Placement?

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Have the Placement Organisation confirmed that the Student will be covered

under their Employers/Public/Products Liability insurance and Professional

Indemnity or equivalent cover in respect of any activities undertaken as

part of the placement? **Yes/No**

If "No" please confirm:-

a) Have the University contracted to provide cover for Injury/Damage and

professional negligence claims caused by the Student during placement **Yes/No**

b) Does the Student hold personal liability insurance through

membership of any professional body **Yes/No**

If "Yes" please supply details of the cover including limit of indemnity and jurisdiction of cover.

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| Provider of Insurance:  Limit of Indemnity:  Jurisdiction: ie. UK only, worldwide etc.: |

c) Will the personal liability insurance provide cover for the period of

and activities being undertaken during the placement? **Yes/No**

d) Does the student have travel insurance which provides personal

liability cover for non work related claims by third parties? **Yes/No**

If "Yes" please provide details of this Policy

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| Provider Of Insurance:  Limit of Liability Indemnity:  Jurisdiction ie UK only, worldwide etc: |

Signed:

Date: