

## STUDENT WORKPLACE EXPERIENCE

The following is an extract from the University Insurance Manual. This extract is provided as a guide to assist staff and students in understanding what insurance cover is in place for those students engaged in a work experience or community placement program whilst under the direction or control of an entity other than the University of Adelaide.

### Scope of Cover

The student is provided with:

- Public Liability insurance to a limit of \$10,000,000 per any one event for act or omission on the part of the student that results in injury loss or damage to the host organisation.
- Travel insurance providing that the distance travelled is in excess of 50 kilometres from the student's home or the University campus.
- Personal accident insurance.

### Conditions of the above insurance are:

1. The student is not to be employed by the entity where the workplace experience or community placement is being undertaken.
2. The student receives no remuneration for the work performed.
3. The workplace experience is relevant or part of the conditions of the program of the student's course of study.
4. Participation has been endorsed by the Head of School
5. The University is not liable for any negligent act or omission on the part of the host organisation that results in injury to, or loss or damage of personal property of a student.

### Student Placement

The Head of School is to:

- Provide the host organisation with a copy of the Student Placement Agreement Form, with a request that the host organisation complete *Part 'C'* and return a copy to the School administration.

Provide to the host organisation proof of cover for insurance for Public Liability (the cover is not on behalf of the student it is the University accepting liability for the action of the student)

### Attachments

- Student Placement Agreement
- Public Liability Insurance Certificate of Currency

## STUDENT PLACEMENT PROGRAM AGREEMENT

### Part A - Student Details

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Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

Student ID # \_\_\_\_\_ Student Phone # \_\_\_\_\_

Degree/Program enrolled \_\_\_\_\_

Faculty \_\_\_\_\_ Campus \_\_\_\_\_

#### *Emergency contact*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile # \_\_\_\_\_

#### *School Contact*

Name \_\_\_\_\_ Phone # \_\_\_\_\_

As a student on work placement, I agree

1. To attend the workplace to which I have been assigned at the agreed times and days stated below.
2. To notify both my workplace supervisor (named below) and the School Contact above if I am unable to attend for reasons of ill health or any other reason.
3. To present myself in an appropriately dressed fashion ensuring I am wearing any protective clothing which may be required by the Host Organisation
4. Obey all lawful directions of the workplace to which I have been assigned.
5. To work to my full capacity, with due regard for my legal responsibilities in the workplace.
6. To comply with all Occupational Health & Safety requirements required by the host organisation.
7. To inform the host workplace supervisor and the School administration office of any accident or injury in which I am injured or in which I have injured another party.
8. In the event of an emergency I will contact the School administration office.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part B – Host Organisation

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Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Street address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Fax# \_\_\_\_\_

Location of placement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Date of placement: (From) \_\_\_\_\_ (To) \_\_\_\_\_

Hours of work: (Start) \_\_\_\_\_ (Finish) \_\_\_\_\_

Description of task to be performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Conditions (Clothing, safety equipment, parking) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Part C – Conditions**

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We agree to accept the named student on work placement and to plan an appropriate program for their placement.

All reasonable precautions will be taken in the workplace to ensure the occupational health safety and welfare of the student in a non-discriminatory and harassment free working environment. The School administration office will be notified by our organisation in the case of a student's illness, injury or unexplained absence. The student will not receive any form of reward or stipend for work performed during and placement and will not be used to replace paid workers or be used during any form of industrial dispute. The student is not to be required to undertake any task prohibited by the University, Legislation or insurance requirements.

It is understood by all parties that the University, the host organization or the student may without notice cancel the work placement.

The host organization agrees that they have Occupational Health & Safety procedures in place and the student will receive a safety and workplace induction that will prepare them to safely undertake the tasks and duties of the work placement.

### **Part D – Insurance**

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The University maintains a Public Liability insurance policy that will indemnify the host organisation for any negligence act, error or omissions by the student during the period of the work placement. A Certificate of Insurances for Public Liability is enclosed with this Placement Agreement Form.

The host organization agrees to indemnify the University and the student for any injury, loss or damage to student or to University property being used by agreement with the host organisation, resulting from any negligent act or omission by its employees, agents or contractors.

The host organisation agrees to provide 'proof of insurance' for the period of the work placement to the School administration office. The student is not to commence the work placement until the proof of insurance has been sighted.

Host Organisation Authorising Officer Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Part E - Authorisation**

I grant permission for the above named student to undertake a work placement with the above named host organisation in accordance with the conditions and guidelines above:

#### ***Head of School***

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### ***Distribution***

1. School administration office
2. Host organisation
3. Risk management & Insurance office
4. Student

PROOF OF INSURANCE  
PUBLIC LIABILITY

**INSURANCE CERTIFICATE OF CURRENCY**

In our capacity as Insurance Brokers to The University of Adelaide we hereby certify that the under-mentioned Insurance Contract is current for the period shown.

This Certificate is issued as a matter of information only and confers no rights upon the Certificate holder. It should also be noted that this Certificate does not amend, extend or alter the coverage afforded by the policy in any way.

**NAME OF INSURED** : The University of Adelaide and various incorporated and unincorporated entities as declared by the University from time to time

**SITUATION** : World Wide

**CLASS OF INSURANCE** : General Public and Product Liability

**PERIOD OF INSURANCE** : 31<sup>st</sup> December 2003 to 4:00pm 31<sup>st</sup> December 2004

**INSURER/S** : QBE Insurance Limited

**POLICY NO.** : WA-010990-BFL

**INTEREST INSURED** : Legal liability for property damage and bodily injury \$10,000,000

**DATE:**

**SIGNATURE:**

**NAME & CAPACITY OF SIGNATORY**

31<sup>st</sup> December 2003



David Clarke  
Adelaide Broking Practice

**IMPORTANT NOTICE**

Should the abovementioned Insurance Contract be cancelled, assigned or changed during the above Period of Insurance in such manner as to affect this document, no obligation to inform the holder of this document is accepted by Willis Australia Ltd.