



## CURRICULUM POLICY AND PROCEDURES FRAMEWORK

### Policy and Procedures for the Establishment of Work Placements for Students

#### 1.0 Purpose

- 1.1 The purpose of this document is to state the Health and Safety and Accident procedures necessary to establish and populate work placements.

#### 2.0 Policy Statement

**Jewel & Esk College will ensure that student placement venues are subject to appropriate risk assessment.**

#### 3.0 Scope

- 3.1 This policy covers all work placements established by the College for use as a mandatory part of a College course.
- 3.2 This policy should be read in conjunction with the College Equality Diversity & Inclusion Policy and Procedures and its Disability, Race and Gender Equality Schemes.

#### 4.0 Responsibilities

- 4.1 The Principal is accountable for the Health & Safety of all staff and students.
- 4.2 The Depute Principal is responsible for the implementation and development of this policy.
- 4.3 The Quality & Qualifications Manager is responsible for maintaining the College wide database of approved placement providers.
- 4.4 The College **Health & Safety Officer** is responsible for carrying out risk assessments for specified large providers.
- 4.5 The appropriate College Work Placement Co-ordinator will ensure that all aspects of Health, Safety and Insurance as detailed in Appendix 1 – (Placement Approval Health & Safety Checklist) are compliant. However it is the responsibility of the Workplace Provider to ensure their premises and employment practices are compliant with the Disability Discrimination Act.

4.6 The Faculty Managers are responsible for ensuring that placements are assessed when used for students and that administrative tasks are completed.

4.7 Tutors are responsible for ensuring that placements used will provide a suitable learning experience for the student.

4.8 The Principal's Office is responsible for generating, presentation and dispatch of certificates to approved providers.

## **5.0 Process**

5.1 The College will assess and certificate employer placements on a three-year rolling basis

5.2 Results of the assessment of placement providers will be entered onto a placement providers' database.

5.3 A negotiated contract will be drawn up when a student is placed with the approved employer (populating the placement).

## **6.0 Certifying a Placement**

6.1 When a placement is found the College will negotiate with a placement provider to visit the premises and carry out a full Health & Safety check (see Appendix 1).

6.2 The approval checklist will be completed and passed to the Quality & Qualifications Manager for logging onto the College Database.

6.3 Quality & Qualifications Manager will inform the Principal's Office who will prepare and issue the Approved Placement Certificate (APC) to the providers approved.

6.4 An APC is valid for three years from issue.

## **7.0 Populating the Placement**

7.1 Establishment and populating the placement may run concurrently or separately.

7.2 The College placement contract (Appendix 2) should be established in all cases where a College approved placement is populated. Two signed copies should be taken or sent out to the placement provider for their signature. One copy should then be returned and should be stored in the Faculty, in the student file.

7.3 For every course an Information Handbook will be provided.

## **8.0 Recording and Evaluating Placements**

8.1 Faculties are responsible for ensuring that placement outcomes are recorded within their procedures.

8.2 Faculty Managers should ensure that the Quality & Qualifications Manager is notified of any unsatisfactory placements.

**9.0 Review**

9.1 This policy will be reviewed on an annual basis.

**PLACEMENT APPROVAL  
HEALTH AND SAFETY CHECKLIST**

Placement Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax No \_\_\_\_\_

Contact: \_\_\_\_\_ Position \_\_\_\_\_

No of Employees                  Full Time: \_\_\_\_          Part Time: \_\_\_\_

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**REGISTRATION**

- |   |  |     |
|---|--|-----|
| 1 | Registered with the Health & Safety Executive (HSE) or Environmental Health Department | Y/N |
| 2 | Proof of registration. (Form OSR1 for offices & shops / F9 Factories)                  | Y/N |

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**INSURANCE**

- |   |   |     |
|---|---|-----|
| 3 | Current Employers Liability Insurance Certificate | Y/N |
| 4 | Certificate Displayed                             | Y/N |
|   | Either: photocopied and attached                  | Y/N |

Or

Name of Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_          Expiry Date \_\_\_\_\_

- |   |  |     |
|---|--|-----|
| 5 | Insurance company informed of work Placement | Y/N |
|---|--|-----|

### HEALTH & SAFETY POLICY

- 6 Written Health & Safety Policy (If more than 5 employees) Y/N
- 7 Staff are made aware of Health & Safety Policy Y/N
- 8 Policy will be explained to work experience participants Y/N
- 9 There is a designated person responsible for Health & Safety  
Y/N  
Name \_\_\_\_\_
- 10 A nominated person will have overall responsibility for work experience participants  
Y/N  
Name \_\_\_\_\_
- 11 Appropriate supervision will be given to work experience participants  
Y/N
- 

### FIRE

- 12 There is a current fire certificate Y/N
- 13 Fire instructions are displayed Y/N
- 14 Fire extinguishers are available and regularly checked Y/N
- 15 Fire exits are clearly marked and unobstructed Y/N
- 16 Fire routes are clearly marked and unobstructed Y/N
- 17 Fire Drills are held Y/N  
Date of last drill (if known): \_\_\_\_\_
- 18 Fire alarms are in place and regularly tested Y/N
- 19 Induction training included fire procedures Y/N

**Delete if not applicable.**

### FIRST AID AND ACCIDENT REPORTING

- 20 Certified First Aiders are available Y/N
- 21 First Aid Boxes are readily available Y/N
- 22 First Aid Boxes are regularly checked Y/N

- |    |  |     |
|----|--|-----|
| 23 | An accident book is available on the premises (or other suitable form of incident reporting) | Y/N |
| 24 | Staff are made aware of the location of the accident book                                    | Y/N |
| 25 | A person is responsible for reporting accidents under RIDDOR                                 | Y/N |

Name: \_\_\_\_\_ Tel No \_\_\_\_\_

**Delete if not applicable.**

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### **HEALTH & SAFETY PROCEDURES**

- |    |  |     |
|----|--|-----|
| 26 | Participants will be provided with personal protective equipment (PPE)   | Y/N |
| 27 | Participants will be trained in the correct use, care and storage of PPE | Y/N |
| 28 | COSHH arrangements are in place  | Y/N |
| 29 | COSHH assessments have been carried out                                  | Y/N |
| 30 | Training in the use of hazardous substances will be given as appropriate | Y/N |
| 31 | The Electricity at Work Regulations are adhered to                       | Y/N |
| 32 | Portable Appliance Testing (PAT) is carried out as appropriate           | Y/N |
| 33 | Manual Handling assessments are carried out<br>Y/N                       |     |
| 34 | Display Screen Equipment assessments are carried out                     | Y/N |
| 35 | Risk assessments are made known to staff                                 | Y/N |

**Delete if not applicable.**

### **WELFARE AND HOUSEKEEPING**

- |    |   |     |
|----|---|-----|
| 36 | There are adequate toilets                                    | Y/N |
| 37 | There are adequate washing and drying facilities              | Y/N |
| 38 | There is an adequate supply of drinking water                 | Y/N |
| 39 | There is adequate provisions for eating meals                 | Y/N |
| 40 | The workplace is clean, tidy, unobstructed and adequately lit | Y/N |

41 The workplace is, as far as is practicable, compliant with relevant Disability Discrimination legislation regarding employment and accessibility. Y/N

**Delete if not applicable.**

**CONCLUSIONS**

**College Representative**

42 Does the placement require students to be disclosed Y/N

43 Following the visit to the placement provider you are satisfied that a participant or participants can be placed Y/N

44 There are restrictions on the participants duties Y/N

If Yes, Comments: \_\_\_\_\_

\_\_\_\_\_

45 Further Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

46 Date of visit: \_\_\_\_\_

47 College Representative: \_\_\_\_\_

**Placement Provider**

Note: We confirm that any incidents involving participants will be reported to the College in writing and, in addition, serious accidents will be reported to the College and the Enforcing Authority

We confirm that the information given above is correct and that any change will be notified to the College in writing.

48 Placement Providers Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Date as Postmark

**Appendix 2**

«ContactName»  
«Title»  
«Business»  
«Address»  
«Town»  
«Postcode»

Dear «ContactName»

**WORK PLACEMENT CONTRACT**

Thank you for participating in the Work Placement Programme administered by Jewel and Esk College and supporting the growth of skills and knowledge within your industry.

«First\_Name» «Last\_Name» «(Telephone No.) » is currently studying on <Course title> and will be on placement within your organisation from «Commences» until «Finish date».

Listed below are key elements of your organisation's agreement to participate in the programme. I would be grateful if you would confirm your acceptance of these by completing the details, signing and returning the enclosed copy to me as soon as possible.

1. <<Business>> agrees to provide «First\_Name» with a work placement of <<Duration>>.from <start date> until <finish date>, or otherwise by mutual negotiation.
2. Over the period of the placement <first name> will be expected to attend <detail of attendance days and weekly hours> (please confirm the expected company hours and any holidays observed in your induction with the student) and participate in the normal business of the organisation as <job title or role>

The duties of <student's name> while on placement as <job title or role> will include:

.....  
.....  
.....

Details of employment activities which the student is specifically excluded from undertaking while on placement (due to age, disability or Health and Safety constraints or not being at a competent level within their current training programme) are attached within the Workplace Supervisors Handbook

3. For the duration of this placement <business name> agrees that they will provide competent supervision of <student name> for Health and Safety purposes and that any risk assessments required under current legislation will be notified to <student name> in their induction. Additionally they agree that any accident to <student name> and any absence from placement or early termination of placement (by either student or provider) or will be reported to the college contact immediately.  
Supervision for the student over the period of their placement will be provided by <name>. In the event of the normal supervisor being absent or unavailable then <name> will take over this supervision
4. <<Business>> confirms that full public and employee liability is in force, and that this provides at least an equivalent degree of cover in respect of «First\_Name», as maintained for any employee.
5. Any information or correspondence obtained by students on placement regarding the placement provider's business, employees or clients, is deemed to be confidential and will not be passed on to other parties, or used for any other purpose without the placement providers permission.

Please do not hesitate to contact me if any points require clarification. I thank you again for your participation in this very worthwhile programme and look forward to a successful outcome.

Yours sincerely

**<<Tutor/ Work Placement Co-ordinator Name>>  
initialsurname@jevc.ac.uk  
Contact Telephone No.**

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Signed .....	Signed .....
<<SM name>> Head of Faculty	<<Contact Name>> ..... <<Business>>
Date .....	Date .....