# 

# **Work Based Learning Placement Offer Form 2023/24**

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| --- | --- | --- | --- | --- | --- | --- |
| **Organisation** |  | **Contact Title & Name** |  | | | |
| **Address** |  | **Position/Job Title** |  | | | |
| **Town** |  | **Telephone No.** |  | | | |
| **County** |  | **Industry Sector** |  | | | |
| **Postcode** |  | **Approx. number of employees** |  | | | |
| **Website** |  | **Organisation has business premises** | Yes |  | No |  |
| **Email** |  | **Wheelchair accessible** | Yes |  | No |  |
| **Accessible by public transport** | Yes |  | No |  |

Students must complete 150 hours (minimum) during their placement. Placement dates are **22nd April–24th May 2024**.

Organisations can offer WBL placements in two formats, please specify your preference in the boxes below from the following:

* Physical placements (e.g. based in an office, classroom, studio etc.)
* Virtual placements (e.g. based at home)

If you would like to discuss a placement opportunity outside of the placement dates above, please contact the WBL Office.

**Please provide details of each placement you wish to offer. Multiple placements can be offered with the same or different specifications.**

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| No. of Places | | |  | Placement/Job Title | | |  | | | **Please indicate whether an enhanced DBS and/or vaccinations are required for the placement(s)** | | | |
| **Will this placement be:** | | | | | | | | | **DISCLOSURE & BARRING SERVICE CHECKS \***  The following DBS check is required for this placement: | | | | |
| Physical |  | Virtual | | |  | Either/both | |  |
| **Placement role/project specification, duties etc.** *(continue on a separate sheet if necessary).*  **Person specification. Please state any preferred skills, attributes, experience, subject area etc***.*  ***(For additional placements/projects being offered, please continue to next page)*** | | | | | | | | |  | | Children | | |
|  | | Vulnerable adults | | |
|  | | Children and vulnerable adults | | |
|  | | Standard or Basic | | |
|  | | DBS not required | | |
| **VACCINATIONS**  Student(s) will be working in a laboratory, in an environmental setting, in a hospital environment or with animals. Please state if vaccinations are required/recommended. | | | | |
| **Vaccination** | | | **Required** | **Recommended** |
| Tetanus | | |  |  |
| Hepatitis B | | |  |  |
| MMR | | |  |  |
| Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

*\*The University as a personnel supplier is responsible for carrying out enhanced Disclosure & Barring Service checks where required for a placement.* *The responsibility for Standard or Basic DBS checks where required lies with the individual or host organisation. The DBS fee is currently payable by the student. Further information regarding DBS checks can be found on the University website.*

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| Physical |  | Virtual | | |  | Either/both | |  |
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|  | | Vulnerable adults | | |
|  | | Children and vulnerable adults | | |
|  | | Standard or Basic | | |
|  | | DBS not required | | |
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| **Vaccination** | | | **Required** | **Recommended** |
| Tetanus | | |  |  |
| Hepatitis B | | |  |  |
| MMR | | |  |  |
| Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| No. of Places | | |  | Placement/Job Title | | |  | | | **Please indicate whether an enhanced DBS and/or vaccinations are required for the placement(s)** | | | |
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| Physical |  | Virtual | | |  | Either/both | |  |
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|  | | Vulnerable adults | | |
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| **Vaccination** | | | **Required** | **Recommended** |
| Tetanus | | |  |  |
| Hepatitis B | | |  |  |
| MMR | | |  |  |
| Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

Please contact me to discuss the placement programme further. My telephone number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am interested in receiving information about offering full year, paid “sandwich” placements.

I no longer wish to receive information about offering work placements. Please remove me from your mailing list.

Please tick here if you are happy for the WBL Office to share your details with other departments at the University of Chester.



**Placement Health and Safety Form 2023/24**

The University requires that the following is in place in order to approve placements. We would be grateful if you could complete the declaration below and return the completed form in order to verify the placement.

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| **Declaration** | | **Yes** | **No** |
| 1. | **We confirm we have a written Health and Safety Policy and accept responsibility for the health and safety of the student(s) while they are working on their placement with us.** |  |  |
| 2. | **We confirm that students will be appropriately briefed regarding Health & Safety policies and procedures (including any applicable Risk Assessments and Control Measures) prior to, or at the start of the placement, e.g. through an induction with their work supervisor.** |  |  |
| 3. | **Should the student(s) be expected to work with machinery, equipment or substances hazardous to health, safety precautions will first have been taken, first aid facilities will be available and training, supervision and protective clothing will be provided.** |  |  |
| 4. | **We confirm we will provide an environment in which to work which complies with health and safety requirements, equal opportunities and diversity legislation.** |  |  |
| 5. | **We confirm we will advise the University of Chester immediately of any injury or damage involving the student(s).** |  |  |
| 6. | **We confirm that we have suitable liability insurance in place to cover injury or illness to the student(s) as a result of the placement, and loss or damage to a third party caused by the student(s) as a result of the placement.** |  |  |
| 7. | **We confirm that a suitable and sufficient Covid-19 risk assessment has been carried out and that social distancing and hygiene measures required by local regulations have been implemented.** |  |  |
|  |  |  |  |
| **If offering a virtual placement please answer the additional two questions below:** | |  |  |
| 1) | We confirm that we have a Remote Working Policy. |  |  |
| 2) | We accept responsibility for our own data protection. |  |  |
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| --- | --- |
| Name of organisation: | |
| H&S Form and Placement Hazard & Risk Assessment Form completed by: | |
| Position: | |
| Placement offered by (if different to above): | |
| Telephone: | Date: |
| Signature: | |

**Placement Hazard and Risk Assessment Form (Undergraduate Students)**

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| --- | --- |
| **Placement Job Title or Role** |  |
| **Describe the main tasks and duties the student will perform** |  |

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| --- | --- | --- |
| **STEP 1** | **STEP 2** | **STEP 3** |
| **Specific hazards identified.**  **List any significant hazards to which the student is likely to be exposed whilst on placement e.g. manual handling, use of machinery, exposure to noise or chemicals.** | **Indicate what existing action or controls are already in place to reduce the risks.**  State whether the remaining risk is **LOW**, **MEDIUM** or **HIGH**. | **What further actions will your organisation take to minimise the risk to the student?** |
| **Example:**  Lifting of heavy boxes | Manual Handling Instruction provided to all staff involved.  LOW Risk | Ensure student receives Handling Instruction at start of placement. |
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***Please return these completed forms using one of the following methods:***

***Post:*** *Work Based Learning Office, University of Chester, Parkgate Road, Chester CH1 4BJ*

***Email:***[*wbl@chester.ac.uk*](mailto:wbl@chester.ac.uk)