

Employer Declaration Form

Name of Organisation	
Address (where the student will be based):	

Health and Safety processes

	YES	NO
Does your organisation have a written Health and Safety policy?	☐	☐
Do you carry out risk assessments of your work practices to identify health and safety risks to your employees and others in your undertaking? Please provide a Risk Assessment for the placement student.	☐	☐
Do you have a policy and procedures for raising, reporting, recording and investigating accidents, incidents and concerns?	☐	☐
Do you have an induction process for students attending placement? Please provide a copy/details	☐	☐
Do you agree to report to the University all incidents, accidents and concerns involving University of Cumbria placement students?	☐	☐
Do you agree to report to the University any sickness and/or absence from placement involving placement students?	☐	☐
Do you have emergency procedures to be followed in the event of serious and imminent danger to people at work in your undertaking, e.g. fire & evacuation procedures?	☐	☐

What health and safety training and instruction will the placement student be given?

What mandatory/additional training will the student be given?

What supervision arrangements will be in place for the placement? Please include name, contact details and qualification of supervisor

Insurance

To approve this placement, the student must be covered for:

- Injury or illness during placement activities (Workplace / Occupational cover)
- Injury or damage caused to others (Public / Third Party liability)
- Clinical negligence (Professional indemnity – healthcare placements only)

This cover may be provided by your organisation OR arranged separately by the student.

Placements cannot be approved unless all required areas are appropriately covered.

Please complete the sections below to confirm what cover your organisation provides.

1. Workplace Injury / Occupational Cover

(Employer Liability / Workers' Compensation or equivalent)
Covers injury or illness sustained during placement activities

Question	Yes	No
Policy in place?	☐	☐
Covers students / trainees?	☐	☐
If NO to any: student may need own cover (please explain below)		

Insurance details:

Provider: _____

Policy Number: _____

Limit of Indemnity: _____

Restrictions: _____

2. Public Liability

Covers accidental injury or damage to others

Question	Yes	No
Policy in place?	☐	☐
Covers students / trainees?	☐	☐
If NO to any: student may need own cover (please explain below)		

Insurance details:

Provider: _____

Policy Number: _____

Limit of Indemnity: _____

Restrictions: _____

3. Professional Indemnity (Clinical Negligence - Health placements only)

Covers claims arising from clinical activities (e.g. patient care, treatment, procedures).

This is required where the student is involved in healthcare or clinical work.

If the placement does not involve clinical or patient-facing activities, this may be marked as Not Applicable.

Question	Yes	No	Not Applicable
Policy in place?	☐	☐	☐
Covers students / trainees?	☐	☐	☐
If NO to any: student may need own cover (please explain below)			

Insurance details:

Provider (include Insurer name): _____

Policy Number: _____

Limit of Indemnity: _____

Restrictions (please include any limitations relating to students or clinical activity):

Final Summary

Area	Covered	Not Covered
Workplace Injury	☐	☐
Public Liability	☐	☐
For Health placements only:		
Professional Indemnity	☐	☐

Please provide the key contact for all University enquiries with respect to the Placement Student:

Name & Position:

Signed:

Date: