

## Student Placement and Mobility Risk Assessment

### Instructions for Completion

The assessment form is to be completed by students who are undertaking a placement or mobility activity that requires a student's assessment of risk. These independent activities include:

- Studying overseas on a summer school, study abroad or student exchange
- Carrying out a year in industry, in the UK or overseas
- Short school placements / optional modules
- Any other activity that does not come under any of the above options

In undertaking any such independent activity, you should consider the risks involved. Some of these may be practical issues, some personal and some study related. Please complete the form and supply any sources of evidence which you have used in your assessment of the risk. The categories provided are not exhaustive and you can add to them if you identify that your activity entails further risks.

You should complete all sections providing as much detail as possible, taking time to consider the risks associated with your placement. Each 'factor' is split into HIGH, MEDIUM and LOW (with guidance) risk levels. Based on your own judgement and understanding you must 'tick' the appropriate risk level. The second stage is to consider ways in which the risks can be managed or reduced (please refer to guidance) and detail these in the appropriate section. If any statements do not apply to your situation, please enter "not applicable" or 'n/a' in the necessary fields. Please do not leave any sections blank.

Faculty staff will also evaluate your risk assessment and provide feedback. **Faculty staff will determine the overall risk category for the placement activity.** Once the risk rating has been confirmed the placement/mobility process will be followed.

Some points to consider:

- Completing this assessment, regardless of the outcome, does not mean you have been authorised to undertake your placement/mobility activity. This will be confirmed by your Faculty team
- Even if some categories are 'High', or indeed the placement/mobility activity has been classed as 'High Risk', this does not mean your placement/mobility activity will not go ahead. In these instances the assessment will be reviewed by an independent panel which will consider your mitigation against the risks and decide whether to approve your involvement.

### **Glossary and things to consider:**

**Factors:** This column lists possible risks that could be associated with your planned activity (high, medium or low). You should add any additional factors at the end of the column.

**Mobility Factors:** These relate to the placement provider and to the work that you will be carrying out. They include the nature of the work-based hazards to which you may be exposed. Control measures may include your professional knowledge and expertise.

**Travel and Transportation Factors:** Driving and travel while carrying out the business of the placement provider can be a risk. Placements do not just involve the work carried out for the placement provider. Depending on the nature and location of the placement, you may face significant health, safety and welfare issues associated with your travel to and from the placement and to and from your accommodation. Check with your car insurance provider whether you need to add business insurance. Going overseas? Do your research, and get the best insurance cover you can – ideally 'multi-trip' insurance.

**Location and/or Region Factors:** The location of the placement can have considerable impact, particularly if outside of the UK.

**General / Environmental Health Factors:** You may face significant health, safety and welfare issues associated with the environmental conditions in your place of work / activity - general location, your accommodation, cultural differences, food and drink etc.

**Individual Student Factors:** You are an individual. Your health, knowledge, skills, personality and experience could all have an impact on health & safety in particular environments. If you have personal factors i.e. health, disability, linguistic or cultural, which may require specific adjustments or support, this will have an impact on the suitability of your placement/mobility activity. We will work with the placement provider to ensure that access and support requirements are provided for you when on placement.

**Insurance Limitations:** Insurance is a means of transferring risk by paying for the provision of professional support and financial recompense if things go wrong. Any assessment must include consideration of the extent and limitations of the insurance arrangements of both the University and the placement provider. If outside the UK, the contractual arrangements and the legal requirements of the country where the placement will take place will need to be researched and considered. The university has a policy which covers international travel, medical and health, however, further considerations and additional cover may be required.

**Overseas Placements / Activities:** You are advised to use the Control Risks link below for specific in-country risk assessment documentation, which will advise you of any specific risks associated with the country to which you are planning to travel. You should also visit [www.fco.gov.uk](http://www.fco.gov.uk) – the Foreign Commonwealth Office (FCO) for further information on travel security.

**Personal and Activity Details**

|                     |                          |
|---------------------|--------------------------|
| Student Name:       | Contact Number (mobile): |
| Student Number:     |                          |
| Programme of Study: |                          |

**As part of my degree programme, I have decided to undertake the following activity:**

|                                                                                                                                                                       |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Nature of activity (placement, Study Abroad, internship, UK or overseas?)                                                                                             |                               |
| Start Date:                                                                                                                                                           | Finish Date:                  |
| Type of Activity to be undertaken - What will you be doing and where will you be working i.e. Lab / Workshop / Office-based (please state where you will be working): |                               |
| Address of placement provider/activity/host university:                                                                                                               |                               |
| Details of Contact Person:                                                                                                                                            | Name:<br>Email:<br>Tel / Mob: |
| How are you travelling to your placement? i.e. Car/Train/Public Transport: If by car – check your insurance for cover.                                                |                               |

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|------------------------------------------------------------------------------------------------------|---------|
|                                                                                                      |         |
| Contact Details in Case of an Emergency - Whilst you are Away:                                       |         |
| NAME:                                                                                                |         |
| Relationship to you (the student) – (Parent, Sister, Brother, Aunty, Partner, Uncle, Friend, Other): |         |
| Address:                                                                                             |         |
| Email:                                                                                               | Mobile: |

**Note: Personal information provided on this form is kept for the purposes of providing a suitable emergency response during your placement/mobility activity. By providing this information you are giving consent for the University to contact person(s) detailed within this form in emergency situations.**

| Risk Profiling & Risk Reducing Actions                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                                                |                  |                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|------------------|-------------------------------------------------------------------------|
| <u>Mobility Factors</u>                                                                                                                                                                                                                                                                                                                                                                                                              | Tick where appropriate and provide mitigation/actions | Risk Reduction:<br>Action Necessary?<br>Precautionary measures | Action Complete? | Staff Use Only:<br>Are you comfortable with the level of risk (yes/no)? |
| <p><i>High</i> - Working with hazards that have potential to cause permanent injury or fatalities</p> <ul style="list-style-type: none"> <li>• Working at heights</li> <li>• Moving machinery</li> <li>• High speed rotating parts</li> <li>• Lab work with toxic/hazardous materials</li> </ul> <p><i>High</i> - Work involving significant hazards in small companies that do not have professional Health &amp; Safety advice</p> |                                                       |                                                                |                  |                                                                         |
| <i>Medium</i> - Working in proximity to high risk factors but not directly with them                                                                                                                                                                                                                                                                                                                                                 |                                                       |                                                                |                  |                                                                         |
| <i>Low</i> - Office Work or other low hazardous environments and or activities                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                |                  |                                                                         |
| <u>Travel and Transportation Factors</u>                                                                                                                                                                                                                                                                                                                                                                                             | Tick where appropriate and provide mitigation/actions | Risk Reduction:<br>Action Necessary?<br>Precautionary measures | Action Complete? | Staff Use Only:<br>Are you comfortable with the level of risk (yes/no)? |
| <i>High</i> – Significant travel to reach placement / activity, prolonged or on                                                                                                                                                                                                                                                                                                                                                      |                                                       |                                                                |                  |                                                                         |

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| <p><i>local transport facilities known known to be high risk</i></p> <p><i>High - Demanding travel during placement / activity/ long commute to and from placement?</i></p> <p><i>High - Required to drive others in unfamiliar vehicles</i></p> |                                                       |                                                                              |                  |                                                                                              |
| <p><i>Medium – Night travel</i></p> <p><i>Medium – Long daily commuting requirement</i></p> <p><i>Medium – Required to drive familiar vehicle in reasonable condition</i></p>                                                                    |                                                       |                                                                              |                  |                                                                                              |
| <p><i>Low – No significant travel, comfortable daily commute</i></p> <p><i>Low – No driving associated with placement / activity</i></p>                                                                                                         |                                                       |                                                                              |                  |                                                                                              |
| <b><u>Location and or Regional factors</u></b>                                                                                                                                                                                                   | Tick where appropriate and provide mitigation/actions | <b><i>Risk Reduction:</i></b><br>Action Necessary?<br>Precautionary measures | Action Complete? | <b><i>Staff Use Only:</i></b><br><i>Are you comfortable with the level of risk (yes/no)?</i> |
| <p><i>High – Significant risk of civil disorder, crime or similar danger i.e. placement / activity countries where the Foreign &amp; Commonwealth Office (FCO) advises against travel</i></p>                                                    |                                                       |                                                                              |                  |                                                                                              |

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| <p><i>High</i> – Unavoidable lone or remote working in proximity to significant risk</p> <p><i>High</i> – Medical and rescue services not available quickly or locally</p> <p><i>High</i> Means of communication likely to be difficult or compromised</p>               |                                                              |                                                                                       |                         |                                                                                               |
| <p><i>Medium</i> – Higher than normal risk of civil disorder, crime or comparable danger</p> <p><i>Medium</i> – Delays likely in communicating with AST's and others.</p> <p><i>Medium</i> – Placements / activities abroad with no FCO travel restrictions in place</p> |                                                              |                                                                                       |                         |                                                                                               |
| <p><i>Low</i> – Placements / activities in the UK with no significant local risk</p>                                                                                                                                                                                     |                                                              |                                                                                       |                         |                                                                                               |
| <p><b><u>General / Environmental Health Factors</u></b></p>                                                                                                                                                                                                              | <p>Tick where appropriate and provide mitigation/actions</p> | <p><b><i>Risk Reduction:</i></b><br/>Action Necessary?<br/>Precautionary measures</p> | <p>Action Complete?</p> | <p><b><i>Staff Use Only:</i></b><br/>Are you comfortable with the level of risk (yes/no)?</p> |

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| <p><i>High – Regional / local health risks required mandatory and specific health protection measures i.e. inoculations – Consult Occupational Health and or a medical professional, for advice</i></p> <p><i>High - Very hot strenuous conditions</i></p> <p><i>High – very cold working conditions</i></p> |                                                              |                                                                                       |                         |                                                                                               |
| <p><i>Medium – Regional / local conditions require some precautionary measures i.e. optional inoculations against diseases, medical travel kit is a sensible precaution – seek advice on immunisations and other precautions</i></p>                                                                         |                                                              |                                                                                       |                         |                                                                                               |
| <p><i>Low – No significant environmental health risks</i></p>                                                                                                                                                                                                                                                |                                                              |                                                                                       |                         |                                                                                               |
| <p><b><u>Individual Student Factors</u></b></p>                                                                                                                                                                                                                                                              | <p>Tick where appropriate and provide mitigation/actions</p> | <p><b><i>Risk Reduction:</i></b><br/>Action Necessary?<br/>Precautionary measures</p> | <p>Action Complete?</p> | <p><b><i>Staff Use Only:</i></b><br/>Are you comfortable with the level of risk (yes/no)?</p> |



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| <p><i>High – personal factors i.e. health, disability, linguistic or cultural, which may increase the risk of illness or accident during placement activity even following adjustments</i></p> <p><i>High – personal factors i.e. health, mental health, SPLD, disability, pregnancy, linguistic or cultural, which may require specific adjustments or support if living away from home or makes them susceptible to episodes of illness</i></p> <p><i>High – knowledge, understanding and skills are low for the type of work – consider a pre-placement visit</i></p> |  |  |  |  |
| <p><i>Medium – personal factors i.e. health, disability, pregnancy, linguistic or cultural, which may require specific adjustments or support during their placement / activity or in social interactions, whilst on placement</i></p>                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |

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| <p><i>Low – no long-term medical conditions or disability likely to cause episodes of illness or require specific support whilst on placement</i></p> <p><i>Low – Student has relevant knowledge, understanding and skills for the type of work</i></p>                                                                                                                                                                                                                                                                                                                                                   |  |  |  |     |    |
| <b><u>Mental Health</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |     |    |
| Have you ever received support from a professional for mental health issues?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | YES | NO |
| Have you ever been diagnosed with a specific mental health issue (e.g. anxiety, depression, panic attacks, obsessive compulsive disorder etc.)?                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | YES | NO |
| Do you suffer from poor mental health but have not made a disclosure or received professional medical support?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | YES | NO |
| Would you to be referred to a specialist support service within the University's Student Services Team?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  | YES | NO |
| <p><i>If you answered 'YES' to any of the questions above, please use this space to provide further details.</i></p> <p><i>Having a mental health issue does not mean you will not be able to undertake your mobility. The University has a responsibility to provide appropriate support and will use this feedback to plan appropriate support mechanisms.</i></p> <ul style="list-style-type: none"> <li><i>How do you plan to maintain your support whilst undertaking your mobility?</i></li> <li><i>What are your coping strategies and how will these be impacted by your mobility?</i></li> </ul> |  |  |  |     |    |

| <u>Insurance Limitations</u>                                                                                                                                                                                                                                                                                                         | Tick where appropriate and provide mitigation/actions | <i>Risk Reduction:</i><br>Action Necessary?<br>Precautionary measures | Action Complete? | <i>Staff Use Only:</i><br>Are you comfortable with the level of risk (yes/no)? |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------|
| <p><i>High</i> – Locations, activities and or circumstances that are excluded from the Institution's Insurance travel and other insurance cover</p> <p><i>High</i> – Locations where the placement provider's insurance does not cover the student for personal or third party liability associated with the work by the student</p> |                                                       |                                                                       |                  |                                                                                |
| <p><i>Medium</i> – Locations, activities and or circumstances that require prior acceptance from the HEI's insurers before being covered</p>                                                                                                                                                                                         |                                                       |                                                                       |                  |                                                                                |

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| <p><i>Low – Locations, activities and or circumstances that are automatically included in the HEI's insurance cover</i></p> <p><i>Low – UK locations, where the placement provider must have employers' liability insurance cover</i></p> <p><b>NB</b> – For placements / activities overseas students are advised to take out 'multi trip' insurance</p> |  |  |  |  |
| <p><b>Any other possible factors you envisage as being an issue, whilst on placement:</b></p>                                                                                                                                                                                                                                                             |  |  |  |  |

|                                                                |  |
|----------------------------------------------------------------|--|
| <p><b>Outcome of discussion over risk factor concerns:</b></p> |  |
|----------------------------------------------------------------|--|

I confirm that I have put sufficient measures in place and made adequate arrangements to ensure my safety, whilst undertaking this placement / activity. I have read the Faculty's Study Abroad and or Placement Handbook, and I agree to adhere to all health and safety practices and act professionally at all times, as an ambassador of the University.

**Students Signature** -----**Date** -----

I have reviewed the content of this form and I am satisfied that the student has answered all relevant points as fully as possible, and their self-assessment on risk reducing factors have been met.

**Mobility & Placement Coordinator Signature** -----**Date** -----

I have reviewed the content of this form and I am satisfied that the student has answered all relevant points as fully as possible. I am satisfied that as far as reasonably practicable all risks have been covered. I therefore, on behalf of the University of Hull, authorise the commencement of the placement detailed.

**Head of Academic Unit Signature:**-----**Date:**-----

***Only complete this section if your activity will take place outside of the UK.***

***Only complete this section once your placement or mobility has been approved and arrangements are in place (this section must be completed before commencement of travel, even if the overall risk assessment has been approved)***

**Travel Itinerary:**

| Day/Date | City | Activity | Accommodation and other contact details | Travel Risk Mitigation Plan if needed | Airline/Flight Number➔ | DEP | ARR |
|----------|------|----------|-----------------------------------------|---------------------------------------|------------------------|-----|-----|
|          |      |          |                                         |                                       |                        |     |     |

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| Travel Agent 24 Hour number                                                                                                                                        |                                                                                                                                        |
| Supervisor reporting -in arrangements                                                                                                                              | <i>(Enter the agreed reporting-in arrangements with the appointed contact here)</i>                                                    |
| University of Hull Report Centre Contact numbers                                                                                                                   | Hull Security ++44 1482 466868/++44 1482 465555                                                                                        |
| Other Issues:                                                                                                                                                      |                                                                                                                                        |
| GP/Travel Clinic visit needed prior to visit for immunisations?<br><a href="https://travelhealthpro.org.uk/countries">https://travelhealthpro.org.uk/countries</a> | Yes/No<br><br>Details: <i>(What are recommended immunisations and have these been received?)</i> .<br><br>(If no, please state reason) |
| Visa Required?<br>Requested invitation or supporting letters in support of visa?<br>Six months left on passport?                                                   | Yes/No/N/a<br>Yes/No<br><br>Yes/No                                                                                                     |
| Insurance details:                                                                                                                                                 |                                                                                                                                        |
| Policy Number:                                                                                                                                                     | Policy Provider:                                                                                                                       |

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