WORK EXPERIENCE AND COMMUNITY PLACEMENT GUIDE

This guide outlines the insurance available for undergraduate and postgraduate students participating in University approved work experience or community placements while under the direction and supervision of a Host Organisation.

Pre-conditions to this cover:

- The work experience placement is a requirement of the student’s course of study.

  Please note: if the work experience is not a requirement refer to the Voluntary Placement Guide.

- The student’s participation has been approved by the Head of School.

- The student is not employed by the Host Organisation where the placement is being undertaken.

- The student is not paid for the work performed.

- The student is supervised by experienced personnel throughout the placement.

- The University is not liable for any negligent act, error or omission on the part of the Host Organisation that results in injury to a student, or loss or damage to the student’s personal property.

If you require assistance, please contact the Legal & Risk Branch

- Email: helpdesklegal@adelaide.edu.au
- Phone: (08) 8313 4539
The University’s Insurance Cover

The University obtains insurance to provide protection (indemnity) to the University in the event of a claim made by a third party. Students undertaking approved work experience placements are provided with:

- **Public Liability Insurance** to a limit of $20M per any one event for an act, error or omission on the part of the student that results in injury loss or damage to the Host Organisation.

- **Travel Insurance** while undertaking approved University travel.

- **Personal Accident Insurance**.

Please note that the University’s insurance cover does not extend to students working in paid employment.

Steps to obtain cover

1. The student must complete Part A of this guide – the *Student Placement Agreement* – and submit it to the Host Organisation - along with copies of the University’s certificates of currency for Public Liability, Personal Accident and Travel Insurance (which are attached to this guide).

2. The Host Organisation is asked to complete Parts B and D, and note the conditions in Part C, and to return the completed *Student Placement Agreement* to the School Administration Office.

3. The Head of School (or delegate) must complete Part E approving the student placement with the Host Organisation and retain the documentation on file.

4. To ensure cover remains valid the student or School must report any adverse or notifiable events as soon as they occur – the steps to do this are outlined on the next page.
Reporting adverse or notifiable events

A Notifiable Event is any incident that could result in a claim made against the University. It may be a consequence, fact, situation, error, omission, occurrence, activity or failure to do something.

Examples:

- Threat of legal action
- Fraud or fraudulent activity
- Accidental release of toxic vapour in a laboratory
- Injury to a patient during treatment
- Damage or vandalism of property or equipment

It is essential that notifiable events are reported to the Legal & Risk Branch as soon as they occur or become evident. Any change in the circumstances of a previously reported notifiable event must also be reported.

A failure to report may mean the denial of a claim.

How to make a report

To report a notifiable event, please complete the report form in Part F at the end of this guide and email it to helpdesklegal@adelaide.edu.au.

Alternatively, please ring the Legal & Risk Branch on (08) 8313 4539 to discuss the matter.
Student Placement Agreement

Part A - Student Details

Family Name ___________________________ Given Names ___________________________

Student ID No. ___________________________ Student Phone No. ___________________________

Degree/Program enrolled ___________________________

Faculty ___________________________ Campus ___________________________

Emergency contact

Name ___________________________ Relationship ___________________________

Phone No. (home) ___________________________ (work) ___________________________

Mobile No. ___________________________

School contact

Name ___________________________ Phone No. ___________________________

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 in part B).
2. To notify both my workplace supervisor (named in Part B) 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. To familiarise myself and comply with workplace policies and procedures brought to my attention and 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 responsibilities in the workplace.
6. To work under the supervision of a qualified officer of the Host Organisation at all times, acknowledging that I am not qualified to practice my discipline independently in any capacity.
7. To adhere to privacy and confidentiality requirements of the workplace.
8. To comply with all Occupational Health & Safety requirements of the Host Organisation.
9. To inform the Host Organisation workplace supervisor and the School Administration Office of any accident, injury or emergency which I have been involved in.
10. That if I do not comply with these obligations or act in a way that is detrimental to the Host Organisation, my placement may be suspended or terminated by the Host Organisation and/or may be considered as student misconduct for the purposes of the University’s policies.

Student’s Signature ___________________________ Date ___________________________
Student Placement Agreement

Part B - Host Organisation Details

Name ____________________________ Phone No. ____________________________

Street Address _____________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Contact Person ____________________________ Phone No. ____________________________

Email Address ____________________________ Fax No. ____________________________

Location of placement _________________________________________________________

___________________________________________________________________________

Supervisor Name ____________________________ Phone No. ____________________________

Date of placement (from) ____________________________ (to) ____________________________

Hours of work (start) ____________________________ (finish) ____________________________

Description of task to be performed ____________________________________________

___________________________________________________________________________

___________________________________________________________________________

Special Conditions (clothing, safety equipment, parking) ____________________________
Student Placement Agreement

Part C – Conditions

We (the Host Organisation) agree to accept the named student on work experience and to plan an appropriate program for their placement, providing suitably qualified and experienced personnel to supervise the student.

We agree to provide the student with a workplace induction that will prepare them to undertake the tasks and duties of the work placement safely. All reasonable precautions will be taken to ensure the workplace is non-discriminatory and harassment free.

The University/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 the 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 Organisation or the student may, without notice, cancel the work placement.

Part D - Insurance

The University maintains a Public Liability insurance policy that will indemnify the Host Organisation for any negligent act, error or omission by the student during the period of the work experience placement. Certificates of Currency for Public Liability, Personal Accident and Travel Insurance are attached to this Placement Agreement.

It is the Host Organisation’s responsibility to ensure that the placement does not give rise to an employment relationship. The Host Organisation understands and agrees that the insurance coverage provided by the University for the Student for the placement will not apply in the event the placement is determined at law to give rise to an employment relationship.

The Host Organisation agrees to indemnify the University and the student for any negligent act, error or omission by its employees, agents or contractors that results in any injury, loss or damage to the student or to University property being used by agreement with the Host Organisation.

The Host Organisation’s liability to indemnify the University or the student is reduced proportionately to the extent that any negligent act, error or omission by the University or the student contributed to the injury, loss or damage.
Student Placement Agreement

Part D – Insurance
The Host Organisation is required to provide the University/School Administration Office with proof of Public Liability insurance.

A copy of a valid Certificate of Currency is attached  

Signed by the Host Organisation’s Authorising Officer

Name ______________________________

Signature ___________________________ Date ________________

Part E – Head of School Authorisation

I grant permission for the above named student to undertake the placement with the above named Host Organisation in accordance with the conditions and guidelines above.

Signed by the Head of School (or delegate)

Name ______________________________

Signature ___________________________ Date ________________

Distribution

1. School Administration Office
2. Host Organisation
3. Student
Reporting Adverse Events

Part F – Notifiable Event Summary

To report a notifiable event, the student or School should complete this report form and email it to helpdesklegal@adelaide.edu.au

Alternatively, please ring the Legal & Risk Branch on (08) 8313 4539 to discuss the matter.

<table>
<thead>
<tr>
<th>NAME OF STUDENT</th>
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<tbody>
<tr>
<td>STUDENT NUMBER</td>
<td></td>
</tr>
<tr>
<td>DATE OF EVENT</td>
<td></td>
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<tr>
<td>LOCATION OF EVENT</td>
<td></td>
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<tr>
<td>NAME OF HOST ORGANISATION</td>
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<tr>
<td>ADDRESS OF HOST ORGANISATION</td>
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</table>

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<thead>
<tr>
<th>NAME OF HOST ORGANISATION CONTACT</th>
<th>Name:</th>
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<tbody>
<tr>
<td>Title:</td>
<td></td>
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<tr>
<td>Email:</td>
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<td>Phone:</td>
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</tbody>
</table>

| BACKGROUND / DESCRIPTION OF EVENT |          |

| ENQUIRIES / INVESTIGATIONS UNDERTAKEN |          |

| CURRENT STATUS |          |

| ASSESSMENT OF RISK |          |
MEMORANDUM OF INSURANCE

This Memorandum is to confirm that, as the appointed insurance broker to The University of Adelaide, the following contract of insurance has been arranged as at the date of this Memorandum.

CLASS OF INSURANCE: Group Personal Accident

INSURED: The University of Adelaide and its Controlled Entities, Associated Entities and Businesses

PERIOD OF INSURANCE: From: 31 December 2016 to: 4:00pm 31 December 2017

INTEREST INSURED: Bodily Injury (as defined) as a result of an accident and medical costs able to be indemnified at law based on schedule of benefits as per policy

SITUATION Anywhere in Australia

INSURER: AIG Australia Limited

POLICY NO: 2300110172

INTERESTED PARTY: Various Insured Persons as declared from time to time

**IMPORTANT NOTICE**
This Memorandum is issued as a matter of information only and does not confer any rights upon the Memorandum holder. This Memorandum does not alter or override the terms and conditions of the contract of insurance. You must consult the policy wording for the terms, conditions and exclusions of the contract of insurance.

Issued on 31 December 2016
By ARTHUR J. GALLAGHER
A Division of Arthur J. Gallagher & Co (Aus) Limited

David Clarke
Client Manager - Corporate
Attention: Ms A Hill

To Whom It May Concern,

MEMORANDUM OF INSURANCE

This Memorandum is to confirm that, as the appointed insurance broker to The University of Adelaide, the following contract of insurance has been arranged as at the date of this Memorandum.

CLASS OF INSURANCE: Public & Product Liability

INSURED: The University of Adelaide and its Controlled Entities, Associated Entities and Businesses

PERIOD OF INSURANCE: From: 31 December 2016 to: 4:00pm 31 December 2017

INTEREST INSURED: Legal liability for bodily injury and/or property damage limited to $20,000,000 any one loss, unlimited in the aggregate in regard to Public Liability and any one loss and in the aggregate in regard to Products Liability

SITUATION World Wide

INSURER: Newline Underwriting Management Limited, Lloyds Syndicate 1218 & ots

POLICY NO: To be confirmed

INTERESTED PARTY: Various parties as declared from time to time

**IMPORTANT NOTICE**

This Memorandum is issued as a matter of information only and does not confer any rights upon the Memorandum holder. This Memorandum does not alter or override the terms and conditions of the contract of insurance. You must consult the policy wording for the terms, conditions and exclusions of the contract of insurance.

Issued on 31 December 2016
By ARTHUR J. GALLAGHER
A Division of Arthur J. Gallagher & Co (Aus) Limited

David Clarke
Client Manager - Corporate
MEMORANDUM OF INSURANCE

This Memorandum is to confirm that, as the appointed insurance broker to The University of Adelaide, the following contract of insurance has been arranged as at the date of this Memorandum.

CLASS OF INSURANCE: Corporate Travel

INSURED: The University of Adelaide and its Controlled Entities, Associated Entities and Businesses

PERIOD OF INSURANCE: From: 31 December 2016 to: 4:00pm 31 December 2017

INTEREST INSURED: Loss in accordance with the sections of the policy while travelling anywhere in the World limited as per policy terms and conditions

SITUATION World Wide

INSURER: AIG Australia Limited

POLICY NO: 2300110171

INTERESTED PARTY: Various staff, students and other parties as declared from time to time are Insured Persons for the purpose of this cover

**IMPORTANT NOTICE**
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Issued on 31 December 2016
By ARTHUR J. GALLAGHER
A Division of Arthur J. Gallagher & Co (Aus) Limited

David Clarke
Client Manager - Corporate