

Placement Learning Agreement

PLACEMENT PROVIDER ADDRESS

DATE (xx/xx/xx)

Dear

PLACEMENT LEARNING AGREEMENT: COURSE TITLE

Thank you for agreeing to support
opportunity for Placement Learning.

by providing an

Placement Learning is important to the mission of the University in preparing our students for employment, further study and a creative life. Placement learning supports students' career development and employability enabling students to develop the skills and confidence for future employment including self-employment.

Attached is a copy of the University's Placement Learning Policy which sets out the roles and responsibilities of the University, the Student and yourself as the Placement Provider. Please read this document carefully and consider your legal responsibilities as a Placement Provider in relation to health & safety, insurance and GDPR legislation. Return one copy of this signed letter electronically and retain a copy for your own records to confirm that you are happy to accept these responsibilities and to proceed.

We have endeavoured to make the process of supporting our students with Placement Learning as straightforward as possible for you. We would also be very grateful if you would support our student in completing their Placement Learning Risk Assessment prior to commencing the placement. Should you have any concerns at all before, during or after the placement please do not hesitate to contact me directly.

Once again, I would like to thank you for your invaluable support.

Yours sincerely,

Placement Learning Agreement

UNIVERSITY PLACEMENT ORGANISER NAME & CONTACT DETAILS

PLEASE COMPLETE ALL SECTIONS BELOW AND RETURN ONE COPY ELECTRONICALLY.

Name of Placement Provider:

Name of Placement Provider's Staff Member Supervising Student:

Telephone Number:

Email:

I confirm that the Placement Provider agrees to fully undertake the responsibilities as outlined in the Placement Learning Policy and to assist the student to carry out the Risk Assessment.

The Placement Provider is fully insured for its employees against injury and disease as required by law and holds valid Employers Liability Insurance / Public Liability Insurance.

Employers Liability Insurer

Policy Number:

Public Liability Insurer:

Policy Number:

If EL and PL is covered under one Policy please confirm:

Non-UK Providers please provide Insurance details:

Signature (on behalf of the Placement Provider)

Date (xx/xx/xx)

Print Name

Position

NB: Electronic copy of this letter should be sent to the Placement Provider