 **APPENDIX PL1e**

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| **PL1e - PLACEMENT RISK ASSESSMENT FORM (STUDENT AND ORGANISATION) (to be completed in conjunction with PL1D Placement Risk Assessment Guidance)** | | | | |
| **RISK ASSESSOR NAME** | **PLACEMENT ORGANISATION NAME** | | **PLACEMENT ORGANISATION ADDRESS** | **PLACEMENT DATE START** |
|  |  | |  |  |
| **STUDENT NAME** | **UNIVERSITY INSTITUTE / DEPARTMENT** | | **BRIEF DESCRIPTION OF STUDENT PLACEMENT** | **PLACEMENT DATE END** |
|  |  | |  |  |
| **GENERAL CONTROLS** | | **IN PLACE (Y/N)** | **ACTION NEEDED** | **ACTION COMPLETED (DATE)** |
| Has the placement provider returned their signed copy of PL1a - Placement Provider Agreement? | |  |  |  |
| Has the placement provider returned their signed copy of PL1b - Placement Provider questionnaire? | |  |  |  |
| Are there any issues / concerns identified in the PL1b - Placement Provider questionnaire? | |  |  |  |
| Is the placement provider aware of the need to complete and return PL1f - Student Placement Induction Checklist to the placement co-ordinator within 1 week of the placement starting? | |  |  |  |
| **PLACEMENT RISK ASSESSMENT (Refer to PL1d - Placement Risk Assessment Guidance to help complete the following section)** | | | | |
| **RISK FACTOR** | **RISK INDICATORS** | **RATING PROFILE** | **ACTIONS REQUIRED TO REDUCE RISK** | **ACTION COMPLETED (DATE)** |
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| **STUDENT PLACEMENT DETERMINATION** | | | | |
| **QUESTION** | | **YES / NO** | **FURTHER ACTION NEEDED** | **ACTION COMPLETED (DATE)** |
| Is a site visit required before the placement is authorised? | |  |  |  |
| Have all outstanding actions been completed? | |  |  |  |
| Are the risks tolerable and the placement can be approved? | |  |  |  |