

## Appendix D: WHS-PRO-028 Student Placement Procedure Placement Host Work Health and Safety Proforma

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Name of Placement Host: \_\_\_\_\_

Address: \_\_\_\_\_

Each item in this checklist must address each workplace at which a student will undertake placement activities (e.g. main office, construction sites, a client's premises).

**If you would like assistance to complete this checklist, please contact the JCU Placement Coordinator.**

Item	Requirement
1	Please indicate the nature of the environment in which the placement student will be exposed:
	<input type="checkbox"/> Office <input type="checkbox"/> Laboratory <input type="checkbox"/> Workshop
	<input type="checkbox"/> Hospital / Clinic <input type="checkbox"/> Educational Institution <input type="checkbox"/> Factory
	<input type="checkbox"/> Other

Item	Requirement	Yes	No
2	The Placement Host is aware that all accidents / injuries involving placement students must be reported to JCU through the Placement Coordinator with 24 hours of occurrence?	<input type="checkbox"/>	<input type="checkbox"/>

- The workplace of the Placement Host is covered by a workplace health and safety management system that is certified by a recognised independent authority. Please attach evidence of certification. **No further information is required.**
- The workplace of the Placement Host **is not** covered by a workplace health and safety management system certified by a recognised independent authority. **Further information is requested below.**

Item	Requirement	Yes	No	N/A
3	Has the Placement Host developed and kept current emergency procedures for potential emergencies, which may occur in the workplace that provides for emergency response, evacuation and medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Does the placement student have access to adequate first aid and qualified first aiders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are hazards, which may cause injury to placement students and other workers, identified and documented to provide this information to placement students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are all hazards eliminated, or if that is not reasonably practicable, controlled to minimise the risk and documented to provide this information to placement students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are the controls and the conditions at the workplace monitored and improved to ensure health and safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Does the Placement Host provide and maintain safe plant, substances and structures and ensure that they are used safely, handled and stored without risk to health and safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Does the Placement Host have a process for consulting and communicating with all workers on work health and safety matters and enabling all employees and placement students to report work health and safety hazards and incidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Does the workplace have sufficient staffing resources to provide appropriate supervision that students on a placement are likely to require?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Can the Placement Host provide adequate and maintained facilities (e.g. dining, amenities, storage, change rooms, showers) to the student over the course of the placement, which includes safe access to the facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Will placement students undertake an induction / orientation program, which includes information requested in Items 3- 11?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Does the host have process and policies to manage bullying, sexual harassment and sexual assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Additional Information:

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***Supervisor at placement host responsible for monitoring the health and safety of the student***

Name _____	Position _____
Telephone _____	Email _____

***Name of person at placement host completing this checklist***

Name _____	Position _____
Telephone _____	Email _____
Signature _____	Date _____

***This section to be completed by Placement Coordinator***

Name of Placement Coordinator assessing this form _____	
Discipline _____	
Based on the health and safety information provided, the Placement Host has been assessed as:	
<input type="checkbox"/>	Suitable for student placement
<input type="checkbox"/>	Unsuitable for student placement
Signature _____	Date _____