**City, University of London**

**Overseas Work Placement Student Risk Assessment**

Please complete this form fully and once signed, return to your School’s Work Placement/PLU Office at [enter email address]:

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| **Student Details** |
| Student Name  |  |
| Student Number |  |
| Student Contact Details:Telephone / email / address |  |
| Next of Kin contact Details: |  |
| Department & School |  |
| Degree |  |
| Travel Dates | Outbound: | Return: |
| Period of Placement (circle one) | 4-12 weeks  | 9-12 months  |
| Placement Organisation & Country | Company:  | Country:  |

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| **Risk Assessment for Students working outside of the UK****Use this section to consider all the problems you may encounter while you are away and identify ways of dealing with them.****Please refer to** [**FCDO website for travel advice**](https://www.gov.uk/foreign-travel-advice)**.** |
| **Things to think about** | **What to do*****(Using this column, identify problems which may occur for each category below)*** | **Action to be taken?*****(Using this column, think about ways you may be able to resolve these problems/minimise the risk)*** |
| **Nature of Period Abroad***e.g. Work Placement, Summer Internship, type of company working for etc.* |  |  |
| **Transport***Details of transport to be used to travel to the country but also on a day-to-day basis e.g. public transport, own vehicles, licence requirements for the country.* |  |  |
| **Cultural**Identify any cultural differences that may affect you and consider consequences of actions within the country e.g. religious differences, differences in laws, differences in food and drink, appropriate clothing, appropriate behaviour, attitudes to gender and sexuality, politically sensitive issues. |  |  |
| **Accommodation***Consider its location with respect to where you are working and the neighbourhood it is in. Is it shared or is it privately owned?* |  |  |
| **Personal Security***Consider the potential for crime, hostility or physical / mental violence (knowledge of country / Foreign and Commonwealth Office (FCDO) advice / previous incidents etc).* |  |  |
| **Individual(s)***Consider any health condition(s) (physical, mental or psychological) or any other disabilities that may require medication or specific arrangements at the destination. Where relevant, ensure you have enough medication and support for the time you are abroad.* |  |  |
| **Insurance***Appropriate and adequate travel, medical and repatriation insurance for destination. This also includes ensuring that appropriate and adequate insurance cover is in place while working. Consider specific country requirements for working in that country.* |  |  |
| **Climate / Time differences***Consider differences in temperature, humidity, altitude, seasons, time differences, jet lag etc. Is acclimatisation required?* |  |  |
| **Other Considerations***Consider FCDO advice, entry requirements such as Visas/Work Permits, specified time remaining on passports, vaccination certificates for the country. Will you be using any specialised equipment?* |  |  |
| **Destination Specific***Any other measures not already considered. This may include endemic diseases.*  |  |  |

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| **Key Contacts*****(To be completed by City Work Placement Coordinator/Manager)*** |
| **Work Placement Coordinator/Manager (City)** | Name:  | Phone: |
| Email:  |
| **Personal Tutor (City)** | Name:  | Phone:  |
| Email: |
| **Placement Supervisor/Manager** | Name:  | Phone: |
| Email: |

**Student Declaration:** I hereby declare that:

I will abide by all the conditions of participation in the City University of London student work placement programme and observe all City University of London statutes, by-laws, rules and instructions.

* I understand the information provided and will comply with the requirements set out above
* I have considered and I am aware of the risks associated with undertaking a work placement in this particular country
* I am aware that I will need to take out appropriate insurance to cover my period abroad

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_