



## EMPLOYER FACILITATED STUDENT PLACEMENT INSURANCE

(This form is solely for use for Employer Facilitated Student Placements and is to be used in conjunction with the [Guidelines for Employer Facilitated Placements](#))

### PART A: STUDENT DETAILS

Family Name:	Given Name:
Student ID no:	Phone no:
Degree/Program enrolled in:	Relationship to Host Org: Employee /Other
Are you paid by the Host Organisation for this placement activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### PART B: HOST ORGANISATION DETAILS AND DECLARATION

Organisation Name:	
Street Address:	
Contact Person:	Contact Phone no:
Contact Email Address:	ABN:
<ul style="list-style-type: none"><li>I acknowledge that should any placement activity be held at law to be an employment activity the University's insurance cover will not apply.</li><li>The student will be appropriately supervised by experienced personnel throughout the placement.</li><li>This organisation holds a current Public Liability Insurance policy; or stands its own risk in terms of Public Liability (large corporation/statutory authority/government department/government instrumentality).</li><li>This organisation holds Medical Malpractice insurance for its staff. (Where applicable)</li><li>Where applicable this organisation holds Comprehensive Motor Vehicle insurance covering students driving their vehicles.</li><li>The laws of South Australia govern this agreement and each party submits to the jurisdiction of the courts exercising jurisdiction in South Australia</li></ul>	
Print Name: _____	Date: _____
Signed: _____	

### PART C: UNIVERSITY DECLARATION & AUTHORISATION

Students participating in Employer facilitated placements are required to undertake a University-approved placement activity with an industry host as a requirement of their study program.

UniSA requires completion of the FS23A Student Placement form for every Employer facilitated placement activity to ensure:

- UniSA acknowledges that the placement activity fulfils the requirements of their study program.
- The host and/or employer acknowledges that this is a University approved activity, that they are agreeing to host the activity and that they have appropriate insurance in place to cover the activity.

Dates of Placement: From: \_\_\_\_\_ To: \_\_\_\_\_

I declare that this placement has been assessed as appropriate and in line with the conditions above.

University Authorised Delegate: Print Name: \_\_\_\_\_ Phone no: \_\_\_\_\_

Signed: \_\_\_\_\_

The completion of all parts of this form qualifies the student for cover under University insurances including: Public Liability, Professional Indemnity, Personal Accident and Medical Malpractice (Where applicable).



## GUIDELINES FOR EMPLOYER FACILITATED PLACEMENTS

### ■ Instructions

- Academic Unit must ensure that ALL parts of this form are completed and signed.
- Copies of the completed form should be retained by:  
the Host Organisation; Student; and Academic Unit.
- Insurance office will only require forms in the event of a claim or audit.

This form may also be used for Field Trips or Site Visits to external organisations when confirmation of Public Liability insurance is required.

### ■ University Insurance

Employer Facilitated Student Placement Insurance: where the student's employer is acting as the Placement Host.

Students on approved placement are covered by the University for the following insurances:

- Public Liability
- Professional Indemnity
- Personal Accident
- Medical Malpractice (*where applicable*)
- Travel Insurance (*if eligible*)

All insurance policies are subject to policy definitions; limits of liability; duty of disclosure; conditions, exclusions and excesses not listed on this form.

These insurances do not cover liability for any negligent act or omission on the part of the host organisation that result in injury to, or loss or damage of personal property of a student.

For insurance information about coverage for Students using vehicles on placement contact Insurance Office.

### ■ In order for University insurance to apply

- The placement must be approved ([FS23A](#), Part C) by a University authorised delegate, prior to commencement of Student Placement.
- The Employer facilitated placement activity must be **unpaid** and separate from regular employment activities.
- The student must be appropriately supervised by experienced personnel throughout the placement.
- The Placement Host Organisation must agree to the Placement.

### ■ Further Information

- Direct all enquiries about placements to the Clinical Placement Unit:  
[cpuoffice@unisa.edu.au](mailto:cpuoffice@unisa.edu.au)  
Ph: +61 8 8302 2214
- For further information about University insurance visit the UniSA Insurance Office website:  
[http://w3.unisa.edu.au/fin/Commercial\\_Support/Insurance/Student\\_Insurance/student\\_insurance.asp](http://w3.unisa.edu.au/fin/Commercial_Support/Insurance/Student_Insurance/student_insurance.asp)