

2008

INSURANCE GUIDE

STUDENT WORKPLACE EXPERIENCE

Statement of Intent

This document is provided to assist staff and students in understanding what insurance cover is in place for those students engaged in a work experience or community placement program whilst under the direction or control of an entity other than the University of Adelaide in connection with a course or approved research work undertaken with the knowledge and consent of the University.



Celine McInerney
Chief Prudential Officer
Prudential Services
Division of Services & Resources

1. SCOPE OF COVER

1.1 The student is provided with:

1.1.1 Public Liability insurance to a limit of \$20,000,000 per any one event for act or omission on the part of the student that results in injury loss or damage to the host organisation.

1.1.2 Travel insurance providing that the distance travelled is in excess of 50 kilometres from the student's home or the University campus and includes an overnight stay.

1.1.3 Personal accident insurance.

2. CONDITIONS OF THE ABOVE INSURANCE ARE:

2.1 The student is not to be employed by the entity where the workplace experience or community placement is being undertaken.

2.2 The student receives no remuneration for the work performed.

2.3 The workplace experience is relevant or part of the conditions of the program of the student's course of study.

2.4 Participation has been endorsed by the Head of School.

2.5 The University is not liable for any negligent act or omission on the part of the host organisation that results in injury to, or loss or damage of personal property of a student.

3. STUDENT PLACEMENT

3.1 The Head of School is responsible for:

3.1.1 Providing the host organisation with a copy of the Student Placement Agreement Form, with a request that the host organisation complete **Part 'C'** and return a copy to the School administration.

3.1.2 Providing to the host organisation, proof of insurance for Public Liability. (the cover is not on behalf of the student it is the University accepting liability for the action of the student).

4. ATTACHMENTS

4.1 Student Placement Agreement

4.2 Public Liability Insurance Certificate of Currency

4.3 Student Personal Accident Certificate of Currency

STUDENT PLACEMENT PROGRAM AGREEMENT

Part A - Student Details

Family Name _____ Given Names _____

Student ID # _____ Student Phone # _____

Degree/Program enrolled _____

Faculty _____ Campus _____

Emergency contact

Name _____ Relationship _____

Phone # Work: _____ Home: _____

Mobile # _____

School Contact

Name _____ Phone # _____

As a student on work placement, I agree

1. To attend the workplace to which I have been assigned at the agreed times and days stated below.
2. To notify both my workplace supervisor (named below) and the School Contact above if I am unable to attend for reasons of ill health or any other reason.
3. To present myself in an appropriately dressed fashion ensuring I am wearing any protective clothing which may be required by the Host Organisation.
4. Obey all lawful directions of the workplace to which I have been assigned.
5. To work to my full capacity, with due regard for my legal responsibilities in the workplace.
6. To comply with all Occupational Health & Safety requirements required by the host organisation.
7. To inform the host workplace supervisor and the School administration office of any accident or injury in which I am injured or in which I have injured another party.
8. In the event of an emergency I will contact the School administration office.

Student's Signature: _____ Date: _____

Part B – Host Organisation

Name: _____ Phone # _____

Street address: _____

Contact Person: _____ Phone # _____

Email Address _____ Fax# _____

Location of placement _____

Supervisor Name _____ Phone # _____

Date of placement: (From) _____ (To) _____

Hours of work: (Start) _____ (Finish) _____

Description of task to be performed _____

Special Conditions (Clothing, safety equipment, parking) _____

Part C – Conditions

We agree to accept the named student on work placement and to plan an appropriate program for their placement.

All reasonable precautions will be taken in the workplace to ensure the occupational health safety and welfare of the student in a non-discriminatory and harassment free working environment. The School administration office will be notified by our organisation in the case of a student's illness, injury or unexplained absence. The student will not receive any form of reward or stipend for work performed during and placement and will not be used to replace paid workers or be used during any form of industrial dispute. The student is not to be required to undertake any task prohibited by the University, Legislation or insurance requirements.

It is understood by all parties that the University, the host organization or the student may without notice cancel the work placement.

The host organization agrees that they have Occupational Health & Safety procedures in place and the student will receive a safety and workplace induction that will prepare them to safely undertake the tasks and duties of the work placement.

Part D – Insurance

The University maintains a Public Liability insurance policy that will indemnify the host organisation for any negligence act, error or omissions by the student during the period of the work placement. A Certificate of Insurances for Public Liability is enclosed with this Placement Agreement Form.

The host organization agrees to indemnify the University and the student for any injury, loss or damage to student or to University property being used by agreement with the host organisation, resulting from any negligent act or omission by its employees, agents or contractors.

The host organisation agrees to provide 'proof of insurance' for the period of the work placement to the School administration office. The student is not to commence the work placement until the proof of insurance has been sighted.

Host Organisation Authorising Officer Name: _____

Signature _____ Date _____

Part E - Authorisation

I grant permission for the above named student to undertake a work placement with the above named host organisation in accordance with the conditions and guidelines above:

Head of School

Signature _____ Date _____

Distribution

1. School administration office
2. Host organisation
3. Student

PROOF OF INSURANCE PUBLIC LIABILITY



Issue Date: 31 December 2007


Tel: +61 8 8228 1200
Fax: +61 8 8228 7788
Website: www.willis.com

TO WHOM IT MAY CONCERN

Re: Confirmation of Insurance – General Public & Product Liability

In our capacity as Insurance Broker to the Named Insured shown below, we confirm having arranged the following insurance, the details of which are correct as at the Issue Date:

NAME OF INSURED	:	The University of Adelaide and various incorporated and unincorporated entities as declared by the University from time to time
SITUATION	:	World Wide
CLASS OF INSURANCE	:	General Public & Product Liability
PERIOD OF INSURANCE	:	31 st December 2007 to 4:00pm 31 st December 2008
INSURER/S	:	Lloyds of London syndicate – Newline Underwriting Management Limited
POLICY NO.	:	MK19181
INTEREST INSURED	:	Legal liability for property damage and bodily injury limited to \$20,000,000 any one occurrence and in the aggregate in regards to Products Liability based on "occurrence" wording


Signed for and on behalf of
Willis Australia Limited

Disclaimer:

This document has been prepared at the request of our client and does not represent an insurance policy, guarantee or warranty and cannot be relied upon as such. All coverage described is subject to the terms, conditions and limitations of the insurance policy and is issued as a matter of record only. This document does not alter or extend the coverage provided or assume liability beyond the Expiry Date. It does not confer any rights under the insurance policy to any party. Willis Australia Limited is under no obligation to inform any party if the insurance policy is cancelled, assigned or changed after the Issue Date.

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**PROOF OF INSURANCE
STUDENT WORK EXPERIENCE
PERSONAL ACCIDENT**

Willis

Issue Date: 31 December 2007


Telephone: +61 8 9224 1200
Fax: +61 8 9224 4228
Website: www.willie.com

TO WHOM IT MAY CONCERN

Re: Confirmation of Insurance – Personal Injury – Student Group Personal Accident

In our capacity as Insurance Broker to the Named Insured shown below, we confirm having arranged the following insurance, the details of which are correct as at the Issue Date:

NAME OF INSURED	:	The University of Adelaide and various incorporated and unincorporated entities as declared by the University from time to time and including all contractors and sub-contractors of all levels
SITUATION	:	Worldwide
CLASS OF INSURANCE	:	Personal Injury – Undergraduate Accident Plan
PERIOD OF INSURANCE	:	31 st December 2007 to 4pm 31 st December 2008
INSURER/S	:	Accident & Health International Underwriting Pty Ltd as agent for Allianz Australia Insurance Limited, Melbourne
POLICY NO.	:	0021675
INTEREST INSURED	:	Death and Capital Benefits commencing at \$25,000 (with dependents) and \$5,000 (no dependents) Based on schedule of benefits as per policy Subject to lesser limits where applicable



Signed for and on behalf of
Willis Australia Limited

Disclaimer:

This document has been prepared at the request of our client and does not represent an insurance policy, guarantee or warranty and cannot be relied upon as such. All coverage described is subject to the terms, conditions and limitations of the insurance policy and is issued as a matter of record only. This document does not alter or extend the coverage provided or assume continuity beyond the Expiry Date. It does not confer any rights under the insurance policy to any party. Willis Australia Limited is under no obligation to inform any party if the insurance policy is canceled, amended or changed after the Issue Date.

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