

This is a fillable form. Avoid printing.
To indicate your response, type it in the field or select from drop-down menu.
When unsure, hover over a field for a prompt.

INTERNATIONAL PLACEMENT AGREEMENT

Date:	
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Between:

"The University"	
Name	
Registered Address (incl. postcode)	

And

"The Provider"	
Company name	
Registered Address (incl. postcode)	

And

"The Trainee"	
Name	
Registered Address (incl. postcode)	

In relation to the position:

Job title	
Hours per week	

Prior to the beginning of the Placement, the Trainee will ensure that this Agreement and a completed Health & Safety Checklist are signed by the Trainee and the Provider and submitted to the University via My Aston Portal (MAP).

Under this Agreement it is agreed:

1. The Internship

- 1.1. The Provider will provide the Trainee with an internship within its organisation ("the Internship"). The purpose of the Internship is to give the Trainee the opportunity to apply their academic knowledge in a workplace environment and learn 'on the job' about the Provider's operations and business practices ("the Provider's Business"). The Trainee will be engaged by the Provider as a volunteer or intern and not as an employee of the Provider.
- 1.2. The University will have no involvement in the Internship and makes no representations to the Trainee as to the nature or quality of such Internship.
- 1.3. The Internship is _____. The remuneration is _____ per _____.
- 1.4. The Internship is _____.

2. Duration

- 2.1. The Internship will commence on _____ and come to an end on _____ covering _____ weeks. There must be an end date of when "The Internship" period ends. This may differ from the period of general employment entered into between "The Provider" and "The Trainee".
- 2.2. The Provider may, acting reasonably and on notice, terminate the Internship earlier than its intended end date in the event of professional, academic, disciplinary or health reasons.
- 2.3. In the event of health reasons or other exceptional circumstances, the Trainee, with the prior written consent of the Provider, may terminate the Internship. It is acknowledged by the Provider and the Trainee that the University will have no role in determining whether an exceptional circumstance applies.
- 2.4. The Trainee and/or Provider are to update the University if the Placement is terminated early for any reason without delay.

3. Obligations

- 3.1. The Provider agrees to:
 - 3.1.1. offer the Trainee a learning experience as may be reasonably expected of the Internship;
 - 3.1.2. provide the Trainee with a safe working environment and equivalent work facilities and amenities as those provided to current employees of the Provider; and
 - 3.1.3. offer reasonable guidance to the Trainee on the application of local laws and immigration rules to the Internship.
- 3.2. The Trainee agrees to:
 - 3.2.1. comply with the Provider's reasonable instructions, policies and procedures during the Internship;
 - 3.2.2. maintain full attendance for the duration of the Internship and to comply with the Provider's sickness and absence reporting procedures where appropriate;
 - 3.2.3. not divulge to any third party, without the written consent of the Provider, any information relating to the Provider's Business to which the Trainee may be privy to during the Internship and which is not already in the public domain;
 - 3.2.4. return to the Provider on termination or completion of the Internship all documents and materials belonging to the Provider; and

3.2.5. continue to comply with the University's applicable rules, regulations and procedures throughout the duration of the Internship.

3.3. The University acknowledges that the Trainee will be enrolled as a student at the University throughout the duration of the Internship and will assist and support the Trainee whilst engaged on the Internship so far as is practicably possible.

4. Financial Arrangements

4.1. The Provider will maintain all appropriate insurances to the Provider's Business and will comply with all local laws relating, but not limited, to Health and Safety, Data Protection, Anti-Bribery, Modern Slavery and Equality.

4.2. Any accident suffered by the Trainee either during the Internship or on the journey to and from the Internship must be declared to the University and the Provider as soon as reasonably practicable.

4.3. Prior to the beginning of the Internship, the Trainee will ensure that all suitable insurance policies are in place (either through the University or otherwise) to include medical cover (including repatriation) and personal accident insurance. The Trainee will present a valid European Health Insurance Card to the Provider if so requested.

4.4. The University will not be liable for any payments to the Provider or the Trainee under this Arrangement.

5. Status

No contract of employment, agency, joint venture or partnership is intended to be created as a result of entering into this Arrangement with each other. The Trainee will remain a student of the University for the duration of the Internship and will be subject to the University's policies and regulations relating, but not limited, to student conduct and behaviour.

6. Governing Law

This Arrangement will be governed by English Law.

NOTE: If further advice and guidance is needed in relation to this Placement Agreement please contact:

onplacementsupport@aston.ac.uk

This Agreement has been entered into on the date stated at the beginning of it.

Signed on behalf of the University

Name	
Position	
Signature	
Date	

Signed on behalf of the Provider

Name	
Position	
Signature	
Date	

Signed on behalf of the Trainee

Name	
Position	
Signature	
Date	

INTERNATIONAL PLACEMENT HEALTH AND SAFETY CHECKLIST

Please note that we are unable to place a student with you until this form has been completed, signed and returned to us.

***Not the right person to complete this form?** Please let us know who is, via onplacementsupport@aston.ac.uk

***Unsure how to complete this form?** Please contact the Placements Team on +44 (0) 121 204 4141

Organisation details	
Full Legal Name and address	
Address where the placement student will be based, including country (if different from above)	
Student Name	

Q1	Type of Placement
Part a	<p>Is this placement primarily office based, with no significant travel requirements (including commuting) and based in a low risk location?</p> <p>If YES please continue to question 2 overleaf</p> <p>If NO please continue to the questions below:</p>
Part b	<p>i. Does the placement require student(s) to work with hazards that have potential to cause permanent injury or fatalities (including but not limited to working on a construction site, the operation of machinery with mechanical hazards and/ or laboratory work with toxic/ hazardous materials)?</p> <p>ii. Does the placement include working in proximity to significant risk/ danger, such as but not limited to civil disorder, unusual levels of crime and/or danger?</p> <p>iii. Does the placement involve significant travel requirements (including the commute to placement location) and/or the requirement to drive others in an unfamiliar vehicle?</p> <p>iv. Does the placement expose student(s) to health risks that require mandatory and/or specific health protection measures (such as inoculations)?</p> <p>v. Does the placement require the student(s) to work in extreme temperatures (e.g. extensive outdoor work in the sun/ extensive work in a food cold storage facility)?</p> <p>If you have ticked 'No' to all of the questions in Q1 Part b, please continue to question 2 overleaf. If 'Yes' has been ticked to any of the above questions, please read and tick 'agreement' box to the statement below:</p>
<p align="center">Health & Safety Statement:</p> <p><i>This company recognises that this placement opportunity has certain high risk factors, as identified above. Therefore, we acting as the placement provider will ensure the student(s) named on this form receive adequate training, information and supervision to conduct their placement. The placement provider will comply with National Health & Safety Legislation.</i></p> <p>▶ This organisation agrees with, and will adhere to this statement</p> <p>▶ Do you insure placement students for the risk factors identified above (including travel for business)?</p> <p align="center">Please continue to Q2 (overleaf)</p>	

Q2	Does your organisation comply with all your country's Health & Safety Legislation?	
Q3	Do you have a written Health and Safety policy which will be made available to the placement student? If No : Do you have an informal Health & Safety policy, that you are aware of and talk to interns about i.e. emergency exits, what to do in case of fire, etc?	
Q4	Insurance i -Is Employer and Civil Liability Insurance held? ii - Will your insurances cover any liability incurred by the placement student(s) as a result of his/her duties with your company? If No : Can you confirm that you will cover or/and accept a claim if the student is injured due to the company's negligence or fault?	
Q5	Risk Assessment i - Have you carried out a risk assessment of your work practices to identify possible risks whether to your own employees or to others within your organisation? <i>"If the Placement Student is remote working a risk assessment is still required. Home working - HSE"</i> If No : Are you aware of the safety risks if any, for the safety of employees and interns, and talk to them about it i.e. emergency exits, what to do in case of accident, fire, etc?	
Q6	Accidents and Incidents i - Is there a formal procedure for reporting and recording accidents and incidents? ii – Are there procedures to be followed in the event of serious and imminent danger to people at work in your organisation? If 'No' to either: Do you have an informal process and would you know what to do i.e. evacuate the building to go to a meeting point, etc? You will report to Aston University all recorded accidents involving the placement student; and any significant periods of illness which may affect the student and could be connected to the place of work	
Q7	Will you ensure that your placement student(s) is fully conversant with the above health and safety arrangements that operate in your company during an induction in their first week?	

Contact Person: Who is your nominated contact for compliance with the requirements of health & safety legislation?			
Name		Position	
Contact number		Email address	

The above statements are true to the best of my knowledge and belief (Please complete & sign).

Name		Signature	
Position		Date	

Please return this form to the student.