



THE UNIVERSITY
of ADELAIDE

2011 INSURANCE GUIDE

**STUDENT WORK EXPERIENCE OR
COMMUNITY PLACEMENT**

This document is provided to assist staff and students in understanding what insurance cover is in place for students engaged in a work experience or community placement program for a host organisation.

Legal & Risk
Division of Services & Resources

Named insured: University of Adelaide
Policy number: 0021674
Expiry date: 31 December 2011

Scope of Cover

The student is provided with:

- Public Liability Insurance to a limit of \$20,000,000 per any one event for an act or omission on the part of the student that results in injury loss or damage to the host organisation.
- Travel Insurance while undertaking approved University travel.
- Personal Accident Insurance.

Insurance cover through the University's insurance program is available for declared and disclosed activities and is provided to the University and its personnel, provided the terms of the particular policies are complied with.

Pre conditions to this cover

1. Participation has been endorsed by the Head of School.
2. The workplace experience is relevant to or part of the conditions of the program of the student's course of study.
3. The student is not to be employed by the host organisation where the workplace experience or community placement is being undertaken.
4. The student receives no remuneration for the work performed.
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.

Head of School Responsibilities

Before this cover can be effected, the Head of School is required to:

1. Provide the host organisation with a copy of the attached Student Placement Agreement Form, with a request that the host organisation complete **Part 'D'** and return a copy to the School administration.
2. Provide to the host organisation, Certificates of Currency for Public Liability and Student Personal Accident.
3. Complete **Part 'E'** approving the work placement with the host organisation.

For more information contact Legal & Risk

Joe Di Pinto (Manager Insurance)
joseph.dipinto@adelaide.edu.au
08 8303 4635

Tom Pontt (Insurance Officer)
thomas.pontt@adelaide.edu.au
08 8303 3878

Legal & Risk Insurance Office
G12 Mitchell Building
08 8303 4539

STUDENT PLACEMENT 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 in part B).
2. To notify both my workplace supervisor (named in Part B) 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. To familiarise myself and comply with workplace policies and procedures brought to my attention and 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 responsibilities in the workplace.
6. Adhere to privacy and confidentiality requirements of the workplace.
7. To comply with all Occupational Health & Safety requirements of the Host Organisation
8. To inform the Host Organisation workplace supervisor and the School administration office of any accident, injury or emergency which I have been involved in.
9. That if I do not comply with these obligations or act in a way that is detrimental to the Host Organisation, my placement may be suspended or terminated by the Host Organisation and/or may be considered as student misconduct for the purposes of the University's policies.

Student's Signature _____ Date _____

STUDENT PLACEMENT AGREEMENT

Part B - Host Organisation Details

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) _____

STUDENT PLACEMENT AGREEMENT

Part C - Conditions

We agree to accept the named student on work placement and to plan an appropriate program for their placement, providing suitably qualified and experienced personnel to supervise the student.

We agree to provide the student with a safety and workplace induction that will prepare them to safely undertake the tasks and duties of the work placement. All reasonable precautions will be taken to ensure the workplace is non-discriminatory and harassment free.

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 the 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 organisation or the student may without notice cancel the work placement.

Part D - Insurance

The University maintains a Public Liability insurance policy that will indemnify the host organisation for any negligent act, error or omission by the student during the period of the work placement.

Certificates of Currency for Public Liability and Student Personal Accident are enclosed with this Placement Agreement as proof of insurance.

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

The host organisation's liability to indemnify the University or the student is reduced proportionately to the extent that any negligent act or omission by the University or the student contributed to the injury, loss or damage.

Host Organisation Authorising Officer Name _____

Signature _____ Date _____

The Host Organisation is required to provide the School Administration Office with proof of Public Liability Insurance. A copy of a valid Certificate of Currency is sufficient.

STUDENT PLACEMENT AGREEMENT

Part E – Head of School 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
-

Issue Date: 10 January 2011

Telephone: +61 8 8223-1200
Fax: +61 8 8223-7223
Website: www.willis.com

To Whom It May Concern

Direct Line: +61 8 8224-4759
Email: clarkedc@willis.com

Certificate of Placement – 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: Anywhere in the World

Class of Insurance: Public and Product Liability

Period of Insurance: 31st December 2010 to 4:00pm 31st December 2011

Insurer/s: Lloyds of London syndicate – Newline Underwriting Management Limited, London and others

Policy No.: B080112528F09

Interest Insured: Legal liability for property damage and bodily injury

Limit of Liability: \$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 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 cancelled, assigned or changed after the Issue Date.

Issue Date: 31 December 2010

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Website: www.willis.com

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Certificate of Placement – Group Personal Accident Work Experience

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
Insured Person:	University Under Graduate Students undertaking work experience
Situation:	Anywhere in the World
Class of Insurance:	Group Personal Accident – Under Graduate Work Experience
Period of Insurance:	31 st December 2010 to 4:00pm 31 st December 2011
Insurer/s:	Accident & Health International Underwriting Pty Ltd as agent for Allianz Australia Insurance Limited, Melbourne
Policy No.:	0021675
Interest Insured:	Bodily Injury as a result of an accident
Limit of Liability:	Students undertaking work experience Death and Capital Benefits commencing at \$100,000 Weekly accident benefit \$300 subject to earnings Subject to lesser limits where applicable



Signed for and on behalf of
Willis Australia Limited

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