



STUDENT PLACEMENT INSURANCE

(This form is to be used in conjunction with the [Guidelines for Student Placement Insurance](#))

PART A: STUDENT DETAILS

Family Name:	Given Name:
Student ID no:	Phone no:
Degree/Program enrolled in:	

PART B: HOST ORGANISATION DETAILS

Organisation Name:	
Street Address:	
Contact Person:	Contact Phone no:
Contact Email Address:	

PART C: UNIVERSITY DECLARATION & AUTHORISATION (Head of School or [authorised delegate](#))

Placement Type (please select)

Compulsory Placement: essential to a course within the student's program.

- The student is receiving an academic result for the placement.
- The placement does not exceed **20 weeks** (FTE) unless approved in advance by Insurance Office.
- No payment for services is to be received by the student.

Voluntary Placement: which has relevance and benefit to the student's program of study.

- The placement is undertaken by the student voluntarily and will not receive academic result.
- The duration (typically up to **4 weeks** FTE) and duties of this placement have been assessed as reasonable in accordance with the *Fair Work Act 2009*.
- The placement does not exceed the student's enrolment with the University.
- No payment for services is to be received by the student.

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:

PART D: HOST ORGANISATION DECLARATION

- It is acknowledged that should the placement be held at law to give rise to an employment relationship, the University's insurance cover will not apply.
- 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).
- Where applicable the organisation holds Medical Malpractice insurance for its staff.
- The student will be appropriately supervised by experienced personnel throughout the placement.

Print Name:

Date:

Signed:

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



GUIDELINES FOR STUDENT PLACEMENT INSURANCE

■ Instructions

- Schools must ensure that ALL parts of this form are completed and signed.
- The completed form must be emailed to insurance@unisa.edu.au prior to commencement of the placement.
- Copies of the completed form should also be retained by: the Host Organisation; Student; and School.

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

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.

■ In order for University insurance to apply

- The placement must be approved ([FS23](#), Part C) by a University authorised delegate: Head of School, Program Director, Course Coordinator, Placement Coordinator etc.
- The placement must be unpaid.
- The student must be appropriately supervised by experienced personnel throughout the placement.

■ Voluntary placements

- Voluntary placements do not meet the “vocational placement” exemption under the *Fair Work Act 2009*.
- The Host Organisation is responsible to ensure a voluntary placement does not constitute unlawful unpaid work under the *Fair Work Act 2009*.
- Students and Host Organisations are advised to familiarise themselves with information provided by the Fair Work Ombudsman regarding unpaid work: <https://www.fairwork.gov.au/pay/unpaid-work/work-experience-and-internships>.

■ Further Information

- Please direct all enquiries about University insurance to:

UniSA Insurance Office
insurance@unisa.edu.au
Ph: +61 8 8302 1678
Fax: +61 8 8302 1699
Post: GPO Box 2471, Adelaide 5001

- http://w3.unisa.edu.au/fin/Commercial_Support/Insurance/Student_Insurance/student_insurance.asp