

The University of Melbourne is committed to providing a safe and healthy working environment for all staff, students, contractors and other personnel at locations under the management or control of the University. The [**Health and Safety Policy (MPF1205)**](http://policy.unimelb.edu.au/MPF1205) supports compliance with the Occupational Health and Safety Act 2004 (Vic).

**Internship host/employer to complete**

**Host organisation details**

|  |  |
| --- | --- |
| Placement address | Click or tap here to enter text |
| Number of employees or volunteers in the organisation | Please choose one |
| How many years has your organisation been operating? | Please choose one |
| Does your organisation have a Board of Directors and any sub committees? | Click or tap here to enter text |

**Internship details**

|  |  |
| --- | --- |
| Is this an in-company placement or will the student be working remotely from home? | Click or tap here to enter text |
| Has the student completed a home workstation assessment? | Click or tap here to enter text |

***Please answer all of the following questions below and should the student be working remotely from home, please ensure that the responses apply to this arrangement.***

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| **Health and Safety** |
| Do you have a written health and safety policy?  Yes (students will be required to provide this information as part of the application process)  No, because (brief explanation) |
| Will appropriate health and safety induction, training and supervision be provided to the internship participant?  Yes  No, because (brief explanation) |
| Are there instructions for local emergency procedures readily available?  Yes  No, because (brief explanation) |
| Are safe working procedures documented and available?  Yes  No, because (brief explanation) |
| **In-Company COVID-19 safety plan** |
| Do you anticipate that the student (s) will be on your premises at any stage of the placement? |
| Yes  No, because (brief explanation) |
| If at any stage of the placement, student (s) is expected to return to the office, please list or describe what COVID safe plans have been implemented or will be implementing? |
| Click or tap here to enter text |

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| **Bullying/harassment/human rights/discrimination** |
| Do you have an appropriate workplace behaviour policy?  Yes (students will be required to provide this information as part of the application process)  No, because (brief explanation) |
| Is there a process in place to report and deal with inappropriate behaviour?  Yes  No, because (brief explanation) |
| **Risk Assessment** |
| Have you carried out risk assessments of your work practices to identify possible risks to employees and to others within your organisation?  Yes  No, because (brief explanation) |
| Are remedies for assessed risks implemented?  Yes  No, because: (brief explanation) |
| If required, will personal protective equipment be provided by your organisation for the internship participant?  Yes  No, because (brief explanation)  Not applicable |
| **Accidents and incidents** |
| It is a requirement that all accidents and/or illnesses that involve the placement student be reported to the University of Melbourne contact as soon as possible.  Is there a formal procedure for reporting and recording accidents and incident?  Yes  No, because (brief explanation) |
| Do you have procedures to be followed in the event of serious and imminent danger to people at work in your organisation?  Yes  No, because (brief explanation) |

Please note that all students undertaking unpaid placements as part of their studies are covered by the University of Melbourne’s Personal Accident Insurance, [Public liability insurance](https://staff.unimelb.edu.au/legal-audit-records-policies/insurance/resources/policy-documents/19-20_Uni.-Melb_Public-and-Products-Liability_NEWLINE-Policy-No.-AUS.1988.9313.A_C-of-C_$-20-M_-.pdf) and [Professional indemnity insurance](https://staff.unimelb.edu.au/legal-audit-records-policies/insurance/resources/policy-documents/19-20_Uni.-Melb_PROF-INDEM._Med-Mal_C-Trials_NEWLINE-Policy-No.-AUS.19889313.B-C_C-of-C_-.pdf).

I acknowledge the OH&S information provided is correct as of \_ \_ / \_ \_ / 20\_ \_

Host representative: Print name

Host representative signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_