

## Appendix 2 Risk Assessment Form (from [ASET Guide](#))

Placement Provider	Student or Student Group	Start Date	End Date
Company:			
Location:			

1. General Control Measures		Action Necessary?	Action Completed?
Has the student received sufficient briefing?	Yes/No		
Has the WBPL Provider completed and signed a University WBPL Agreement Form?	Yes/No		
Has the WBPL Provider been used before and been reviewed with regard to health and safety? If 'Yes', do any concerns remain unresolved?	Yes/No Yes/No		
2. Risk Profiling and Further Specific Actions Necessary	Risk Profile (High, Medium or Low)	Action Necessary?	Action Completed?
Work Factors			
Travel and Transportation Factors			
Location and/or Region Factors			
General/Environmental Health Factors			
Individual Student Factors			
Insurance Limitations			
3. Conclusion		Action Necessary?	Action Completed?
Is a site safety visit required before placement is approved?	Yes/No		
Are the risks tolerable such that the placement can be approved?	Yes/No		

Prepared by..... Date.....

Have the above actions been completed?      Yes/No

I (print name) ..... Job Title.....

approve this placement.

Signed..... Date.....