



STUDENT PLACEMENT – INSURANCE DETAILS
(STUDENTS ON PLACEMENT, FIELD TRIPS, SITE VISITS, WORK EXPERIENCE)

UNISA INSTRUCTIONS:

Schools should ensure this form is *fully completed* and signed by both parties. Do not send this form to the Insurance Office unless it has been completed and authorised by UniSA. Copies should be provided to:

- | | |
|-------------------------|---------------------------------------|
| 1) UniSA Division/Area. | 3) Student undertaking the placement. |
| 2) Host Organisation. | 4) UniSA Insurance Office. |

Further details and questions regarding Insurance are to be directed to the UniSA Insurance Office:

Email: insurance@unisa.edu.au Phone: +61 8 8302 1678 Fax: +61 8 8302 1699

INFORMATION:

Students who have received UniSA approval to undertake a Placement with a Host Organisation will be provided with the following Insurance Cover:

- | | |
|---|--|
| • Professional Indemnity | • Public Liability |
| • Personal Accident – capital benefits only | • Medical Malpractice where applicable |

For further information see http://www.unisa.edu.au/fin/insurance/student_placements.asp.

All insurance policies are subject to policy definitions; limits of liability; duty of disclosure; conditions, exclusions and excesses not listed on this form. The above is for general information only.

Placements are normally undertaken for a maximum of 16 weeks. **Placements are not insured past 16 weeks unless approved in advance by the [Insurance Office](#).**

*This is not an employment agreement. No payment for services is to be received by the student.
No Workers Compensation applies.*

PLACEMENT DETAILS:			
Student(s) Name			
Program of Study		Division/School	
UniSA Contact Person		Telephone	

Dates of Placement	From:	To:	
Host Organisation		Contact Person	
Address of Placement		Telephone	

UNISA AUTHORISATION: (eg HOS, Program Director, Course Coordinator)
Select type of Placement:
<input type="checkbox"/> Placement essential to course within program, where placement forms part of assessment.
<input type="checkbox"/> Non-essential Placement with relevance and benefit to program.
UniSA Authorised signature: _____ Date: _____ Phone No: _____

HOST ORGANISATION AUTHORISATION:
<i>(For accidents arising out of the negligence of the Host Organisation only. UniSA provides cover for bodily injury or property damage caused by our Student).</i>
This organisation holds a current Public Liability Insurance policy; or stands its own risk in terms of our Public Liability (large corporation/statutory authority/government department/government instrumentality).
Where applicable we hold Medical Malpractice insurance for our staff.
Host Organisation signature: _____ Date: _____ Phone No: _____