

Discipline of Media  
**Media Industry Placement Agreement**



**Part A – Student Details**

**Family Name:**..... **Given Names:**.....

**Home Address:**  
..... **Postcode:**.....

**Phone:**..... **Student ID:**.....

**Student email address:**.....

**Degree Enrolled:**..... **Faculty:** .....

**Emergency Contact Details**

**Family Name:**..... **Given Names:**.....

**Relationship:** ..... **Phone – work:**.....

**Phone – home:**..... **Phone – mobile:**.....

**Part B – University Contact Details**

**University Supervisor:** .....

**Phone:** ..... **Email:**.....

**Part C – Host Organization Details**

**Host Organization Name:** .....

**Street Address:**  
.....

**Phone:**..... **Email:** .....

**Host  
Supervisor Name:**..... **Position:** .....

**Phone:**..... **Email:**.....



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**Does the job entail travel? If yes, state likely places.**

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**Part E - Insurance**

Subject to acknowledgment of the above agreement details, (student's name) ..... 's Media Industry Placement will be considered as a part of their educational activities and as a student of the University of Adelaide, Australia, s/he will be covered by any insurance policy applicable to resident students at the time (proof of insurance attached – pages 6 & 7).

**Scope of cover**

The student is provided with:

- Public Liability insurance to a limit of \$10,000,000 per any one event for act or omission on the part of the student that results in injury, loss or damage to the host organization (the cover is not on behalf of the student, it is the University accepting liability for the action of the student).
- Travel insurance providing that the distance travelled is in excess of 50 kilometres from the student's home or the University campus and includes an overnight stay.
- Personal accident insurance.

**Conditions of the above insurance are:**

1. The student is not to be employed by the entity where the workplace experience or community placement is being undertaken.
2. The student receives no remuneration for the work performed.
3. The workplace experience is relevant or part of the conditions of the program of the student's course of study.
4. Participation has been endorsed by the Head of School.
5. The university is not liable for any negligent act or omission on the part of the host organization that results in injury to, or loss or damage of personal property of a student.

The university maintains a Public Liability insurance policy that will indemnify the host organization for any negligent act, error or omission by the student during the

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period of the work placement. A Certificate of Insurances for Public Liability is enclosed with this placement agreement form.

The host organization agrees to indemnify the university and the student for any injury, loss or damage to student or to University property being used by agreement with the host organization, resulting from any negligent act or omission by its employees, agents or contractors.

**The host organization agrees to provide ‘proof of insurance’ (your insurance broker should easily be able to supply this).** This document **must** be attached to this form before it is returned to the university administration. The student is not to commence the work placement until the proof of insurance has been sighted.

**Part F – Authorization**

**a) Student**

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 above.
2. To notify both my workplace supervisor and university supervisor 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 organization.
4. 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 legal responsibilities in the workplace.
6. To comply with all Occupational Health and Safety requirements required by the host organization.
7. To inform the host workplace supervisor and the School administration office of any accident or injury in which I am injured or in which I have injured another party.
8. In the event of an emergency I will contact the School administration office.

**Name:** .....

**Student signature:**..... **Date:**.....

**b) Host organization**

We agree to accept ..... on work placement and to plan an appropriate program for their placement.

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All reasonable precautions will be taken in the workplace to ensure the occupational health safety and welfare of the student in a non-discriminatory and harassment free working environment. The School administration office will be notified by our organization in the case of the student's illness, injury or unexplained absence. The student will not receive any form of reward or stipend for work performed during and placement 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 organization or the student may without notice cancel the work placement.

The host organization agrees that they have Occupational Health and Safety procedures in place and the student will receive a safety and workplace induction that will prepare them to safely undertake the tasks and duties of the work placement.

**Host organization authorizing officer - Name:** .....

**Signature:** ..... **Date:** .....

**c) University of Adelaide**

**University supervisor**

**Name:** .....

**Signature:** ..... **Date:** .....

**Head of School**

I grant permission for the above named student to undertake a work placement with the above names host organization in accordance with the conditions and guidelines above.

**Name:** .....

**Signature:** ..... **Date:** .....

**Issue Date:** 31 December 2008

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

TO WHOM IT MAY CONCERN

**Re: Confirmation of Insurance – Personal Injury – Undergraduate 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

**SITUATION** : Anywhere in Australia

**CLASS OF INSURANCE** : Personal Injury – Undergraduate Work Experience

**PERIOD OF INSURANCE** : 31<sup>st</sup> December 2008 to 4pm 31<sup>st</sup> December 2009

**INSURER/S** : Accident & Health International Underwriting Pty Ltd as agent for Allianz Australia Insurance Limited, Melbourne

**POLICY NO.** : 0021675

**INTEREST INSURED** : 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



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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 2008

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

TO WHOM IT MAY CONCERN

**Re: Confirmation of Insurance – General 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** : World Wide

**CLASS OF INSURANCE** : General Public & Product Liability

**PERIOD OF INSURANCE** : 31<sup>st</sup> December 2008 to 4:00pm 31<sup>st</sup> December 2009

**INSURER/S** : Lloyds of London syndicate – Newline Underwriting Management Limited and others

**POLICY NO.** : B0576MMM8191

**INTEREST INSURED** : Legal liability for property damage and bodily injury limited to \$20,000,000 any one occurrence and in the aggregate in regards to Products Liability based on "occurrence" wording



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Signed for and on behalf of  
**Willis Australia Limited**

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