



STUDENT PLACEMENT FORM OF INDEMNITY

In consideration of _____ (hereafter referred to as the Employer) agreeing to participate in the Student Placement Scheme for _____(student) arranged by Queen's University Belfast and to provide facilities for the student at the times and for the period set out in the attached Student Placement Schedule (including the provision of any protective clothing or equipment which may be necessary) and supervision and to comply with all Health and Safety legislation relating to the workplace, Queen's University Belfast will indemnify the Employer up to a maximum of £10,000,000 for any one occurrence against:-

1. Legal Liability of the Employer to pay damages, including Claimants costs and expenses in respect of Death, Bodily Injury or Disease suffered by a student and caused by an event occurring whilst the student was attending for training, except to the extent that the same is due to any negligence, breach of statutory duty, omission or default of the Employer, his Servants or Agents or of any person for whom the Employer is responsible
2. Legal Liability of the Employer to pay damages, including Claimants costs and expenses in respect of Death or Bodily Injury of any person if such Death or Bodily Injury is caused by a Student whilst attending for training, except to the extent that the same is due to any negligence, breach of statutory duty, omission or default of the Employer, his Servants or Agents or of any person for whom the Employer is responsible.
3. Legal Liability of the Employer to pay damages including Claimants costs and expenses in respect of loss/damaged property if such damage is caused by a Student whilst attending for training, except to the extent that the same is due to any negligence, breach of statutory duty, omission or default of the Employer his Servants or Agents or of any person for whom the Employer is responsible.
4. Any claims costs or expenses arising out of Death, Injury or Damage to property where such claims, costs or expenses arising out of Death, Injury or Damage to property where such claims, costs or expenses result from the negligence of Queen's University Belfast.

It is a condition of this indemnity that students will not be permitted to drive, manage, control or move mechanically propelled vehicles of any description and indemnity will not be provided in any cases that arise as a result of a breach of this condition.

Employer's Statement

Acceptance of Indemnity

Please tick the paragraph below that is applicable to your organisation

- I confirm that I/We have Employers and Public Liability Insurance (minimum £5 Million) and am/are satisfied with the indemnity detailed above and in return for receiving an indemnity from Queen's University Belfast agree to fully co-operate with them in defending any claim that is brought against me/us by the above named student.
- I confirm that although we do not have Employers and Public Liability Insurance we are a self-insured public body. We are satisfied with the indemnity detailed above and in return for receiving an indemnity from Queen's University Belfast agree to fully co-operate with them in defending any claim that is brought against me/us by the above named student.

- (European placements only) I confirm that we have duty of civil responsibility and liability in law to comply with occupational health and safety codes of practice. We are satisfied with the indemnity detailed above and in return for receiving an indemnity from Queen's University Belfast agree to fully co-operate with them in defending any claim that is brought against me/us by the above named student.

(NB: If there is any reason you are not satisfied with the above please contact QUB Insurance Section, tel: +44 28 9097 1476, email: insurance@qub.ac.uk)

SCHEDULE

(To be attached to Student Placement Scheme Agreement)

1. Name of Student _____
2. Employer Location _____
3. Date of Commencement _____
4. Date of Termination _____
5. Time of Attendance _____

Signed: _____
Student

Date: _____

Signed: _____
For and on behalf of Queen's University Belfast

Position: _____

Date: _____

Signed: _____
For and on behalf of Employer

Position: _____

Date: _____