**Due Diligence Forms**

Please find below the forms for our University of Surrey due diligence process for international collaborations. Below are two forms: Health and Safety Agreement and the Legal Due Diligence form. We would be very grateful if you could kindly complete and return them so your contact. Many thanks!

**Health & Safety checklist - International**

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| --- | --- | --- | --- |
| **Name of Provider:** |  | | |
| **Name of student:** |  | **Start date:** |  |

Completion of this document is required, in accordance with the *Health and Safety Guidance for the placement of Higher Education students* (Universities & Colleges Employers Association, 2009).

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| 1. | Do you have a written Health & Safety policy? |  |  |
| 2. | Do you have a policy regarding Health and Safety training for people working in your organisation, including use of vehicles, plant and equipment, and will you provide all necessary health and safety training for the placement student? |  |  |
| 3. | Is the organisation registered with:   1. the Health and Safety Executive or 2. the Local Authority Environmental Health Department? |  |  |
| 4. | Insurance   1. is Employer & Public Liability Insurance held?   (if ‘No’, please state reason)   1. will your insurances cover any liability incurred by a placement student as a result of his/her duties as an employee? |  |  |
| 5. | Risk Assessment   1. Have you carried out risk assessment of your work practices to identify possible risks, whether to your own employees or to others within your organisation? 2. Are risk assessments kept under regular review? 3. Are the results of risk assessment implemented? |  |  |
| 6. | Accidents & Incidents   1. Is there a formal procedure for reporting and recording accidents and incidents in accordance with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)? 2. Have you procedures to be followed in the event of serious and imminent danger to people at work in your organisation? 3. Will you report to the University all recorded accidents involving placement students? 4. Will you report to the University any sickness involving placement students which may be attributable to the work? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is the nominated contact for compliance with the requirements of health and safety legislation?** | | | |
| **Name:** |  | **Position:** |  |
| **Tel:** |  | **Email:** |  |
| **The above statements are true to the best of my knowledge and belief:** | | | |
| **Signed:** |  | **Date:** |  |



**Legal Due Diligence**

*To be answered by the collaborating partner only*

Name of the partnership: Click here to enter text.

|  |  |
| --- | --- |
| Do you have any other collaborations with other UK institutions? | Click here to enter text. |
| Is there anything in your country’s governing jurisdiction that prevents you from entering into this collaboration?  Please enter the jurisdiction under which you are governed.  *(International collaborations only)* | Click here to enter text. |
| Do your institutional governing documents allow you to enter into this collaboration agreement with the University of Surrey? | Click here to enter text. |
| Do you have policies in relation to data protection that will ensure that the students’ personal data will be processed for the purposes of this collaboration only  *(International collaborations only)* | Click here to enter text. |
| Do you have a regulatory body which regulates or accredits your activities?  If so please provide name of the body and outcome of last regulatory audit or accreditation? | Click here to enter text. |
| Do you have institutional policies in relation to the following:  Health and Safety Yes  No  Bullying and Harassment Yes  No  Bribery and Corruption Yes  No  Whistleblowing Yes  No  Equality and Diversity Yes  No | |
| **I hereby confirm that the above responses are true, complete and accurate:**  Signed:  Name: Click here to enter text.  Position: Click here to enter text.  Date: Click here to enter a date. | |

***For office use only:***

Form received from the collaborating partner on: Click here to enter a date.

Collaboration with: Choose an item.

Responses satisfactory? Yes  No

Site visit required?Yes  No

Signed:

Name:

Position:

Date: