Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

APPENDIX PL1k

IMPORTANT: This form is for all students other than students studying with the Institute of Education and Humanities who should complete Appendix PL1l

Student Personal Health Risk Assessment Form

To protect your health and safety it is imperative that you notify us of any disability or condition that may impact upon health and safety during work placement. If you fail to disclose this it may place you at a disadvantage and impact upon your own health and safety.

The current Government guidance recognises that COVID-19 affects certain groups of people more than others and, when exposed to the virus, puts them at a higher risk of developing serious illness. Thus specific questions relating to your potential risk factors have been included within this form.

This information will be treated in the strictest confidence via your personal tutor.

The collection and processing of personal data is subject to certain legal safeguards specified in the Data Protection Act 2018 (the Act) as amended and the General Data Protection Regulation 2018 (GDPR). The University's Data Protection Policy sets out how we adhere to our legal obligations. The UWTSD Group Data Protection Policy can be accessed here: https://www.uwtsd.ac.uk/media/uwtsd-website/content-assets/documents/strategies-policies/2.0-Data-Protection-Policy-reviewed-approved-12.05.20i.pdf

In completing this form, you consent to the processing of this personal data for the specific purpose of risk assessing your student placemen form, you consent to the processing of this personal data for the specific purpose of risk assessing your student placement.

* **Required information**

Health Information

0	Please provide your personal details *
	Student Name (in full): Theodora Brown Student Number: 2217535 Student e-mail address: 2217535@student.UWTSD.ac.uk
1	Who is your Placement Co-ordinator or Personal Tutor? *
	Ruth Parkes (personal tutor)
2	What is the name of your placement provider and the location of your placement? *
	(Prev placement provider: Michaella Batten) University of Bologna (Italy)

3	Do you fall into the higher risk Groups 1 or 2? The definition of these groups are available at https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/ and should be referred to before answering this question. Please note that if you fall into either Group 1 or Group 2 you do not need to complete any further questions. You must only answer questions 4-10 if you do NOT fall into Group 1 or 2. *
	☐ **No**
4	Risk Factor – Age *
	☐ Under 50 = 0
5	Risk Factor - Gender (as assigned at birth) *
	☐ Female = 0
6	Risk Factor - Ethnicity - Do you identify as BAME or Mixed Race? (Please see this website for more information: https://gss.civilservice.gov.uk/wp-content/uploads/2016/03/P3-Ethnic-Group-June-16-1.pdf#page=7) *
	☐ No = 0
7	Risk Factor - Existing Health conditions (Please tick all that apply) *
	☐ Not applicable = 0
8	Risk Factor - Obesity - Covid-19 seems to have a bigger impact if you are overweight. (Differences in BMI are due to studies which indicate that Asian people are at a higher risk of weight-related diseases at lower BMIs). Check your BMI using the NHS BMI Calculator: https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/ *
	☐ Not applicable = 0
9	Risk Factor - Family History - Has a member of your immediate family (parent under 70, sibling, child) been in ITU or died with Covid-19? *
	☐ No = 0
10	What is your total score? *
	0
11	Do you currently have or have you previously had any form of asthma; diabetes; epilepsy; heart disease; nervous or mental illness; rheumatic fever; stroke; tuberculosis? *
	☐ No
12	Do you currently have or have you previously had any other form of serious illness or operation that may affect your or others health and safety whilst on placement? *

	☐ No
13	Are you currently receiving medical treatment and/or medication? *
	☐ No
14	Are you visually impaired/blind? *
	☐ No
15	Are you hard of hearing/deaf? *
	☐ No
16	Do you consider yourself to have a disability as defined in the Single Equality Act 2010? Disability - 'a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day duties'. *
	☐ No, but I have dyspraxia, not sure if this counts?
17	If the answer to any of the questions 11-16 above is "yes", please give further details as to the nature of your circumstances. Please include dates. *
	This box will expand as you type
18	Name, address and contact details of your doctor (for emergency use): *
	Lampeter Medical Practice, Bridge Street, Lampeter, SA48 7AA