

**Policy on the Management of Placement and Work-Based Learning - Appendix 2**

**PLACEMENT PROVIDERS’ HEALTH AND SAFETY QUESTIONNAIRE**

This checklist outlines the health and safety arrangements that must be confirmed by the placement provider prior to a student commencing a placement/work place experience. Please note that we are unable to place a student with you until this form has been completed, signed and returned to us. If you require any further assistance or guidance please contact: ***Insert University Institute contact name and details;***

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| **Organisation** |  | | |
| **Address** |  | | |
| **Name** |  | **Email Address** |  |
| **Position held** |  | **Telephone No.** |  |
| **Nominated contact for compliance with the requirements of health and safety legislation** | |  | |

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| --- | --- | --- | --- |
| **Health and Safety Questionnaire** | | | |
|  | **Health and Safety Requirements/Issues** | **YES/NO** | **Comments** |
| **1**  **1a**  **1b** | **Health & Safety Policy** *[Section 2 of the Health and Safety at Work etc. Act 1974 requires employers of five or more people to have a written health and safety policy statement]*    Do you have a written Health and Safety policy?  *[Note, the student should receive a copy, or know where it is always available]*  When was the policy last reviewed? | Yes/No  **Date:** | **If No please state reason** |
| **2**  **2a** | **Training/Induction**  Do you have a policy regarding health and safety training for people working in your organisation, including use of vehicles, plant and equipment? | Yes/No |  |
| **2b** | Will the student be provided with a full induction on their first day including all necessary health and safety training, fire evacuation and workstation assessment if/where applicable? | Yes/No |  |
| **3**  **3a**  **3b** | **Employer and Public Liability Insurance**  Please attach a copy of your current certificate(s) of Employer and Public Liability Insurance to this form or a confirmation letter from your insurance broker confirming details of which Employer and Public Liability Insurance Policies are in force and the period of cover. ([Sample letter template](http://www.worcester.ac.uk/documents/Blank_Insurance_Letter_template.doc))  Will your insurances cover any liability incurred by a placement student as a result of his/her duties as an employee?  *[The indemnity limits expected for such insurance should be, in general, at least £5 million]* | Yes/No |  |
| **4**  **4a** | **Risk Assessment** *[Risk assessment is a legal requirement for all employers, and if you employ five or more people you must record the significant findings of the assessment]*  Will any student working in your premises or otherwise under your control be covered by a:  a Generic risk assessment for the work, and/ or  b Specific risk assessment for the work? | Yes/No  Yes/No |  |
| **4b** | Will these require to be reviewed?  **If No please state reason** | Yes/No |  |
|  | |
| **5**  **5a** | **Accidents and Incidents**  Is there a formal procedure for reporting and recording accidents and incidents in accordance with RIDDOR and other legislation? | Yes/No |  |
| **5b** | Have you procedures to be followed in the event of serious and imminent danger to people at work in your undertaking? | Yes/No |  |
| **5c** | Will you report to the University ***all*** recorded accidents involving placement students? | Yes/No |  |
| **5d** | Will you report to the University any sickness involving placement students which may be attributable to the work? | Yes/No |  |
| **6** | **Contact Person**  Will the student be made aware of suitable contact persons within the organisation relating to issues of:   1. Health and Safety (as above) 2. Diversity and Equality? | Yes/No  Yes/No |  |
| **7**  **7a**  **7b**  **7c** | **Safeguarding**  Will the student be working in an environment with children or vulnerable adults/adults in vulnerable situations?  Do you have a policy for protecting children or vulnerable adults/adults in vulnerable situations?  Will this be made available to the student? | Yes/No  Yes/No  Yes/No |  |
| **8**  **8a** | **Lone Working/Indirect Supervision (where applicable)**  Will the placement involve the student undertaking any Lone Working? (This means either working alone on a one to one basis e.g. with a service user/client OR working under indirect supervision e.g. at the service user’s home or in a clinic situation).  If Yes, please give brief details: | Yes/No | Please describe: |
| I/We confirm that we will treat the student as a member of our staff and that we will:   * comply with health and safety legislation (applicable to the country hosting the placement) * resolve health and safety issues with the student(s) promptly   I/We confirm that we will provide the student(s) with a full and clear induction to the organisation and its working practices, including:   * relevant risk assessments and health and safety arrangements * fire precautions and emergency evacuation arrangements * how to report accidents, incidents and unsafe conditions * First Aid arrangements * Appropriate training and supervision in relation to their placement   I/We confirm that in cases of accidents and incidents involving a student or breaches of discipline by a student, we will advise and consult with the named Placement Tutor or the Placement/WBL Coordinator immediately.  **Placement Learning Provider (please sign – see Note below):**  The above statements are true to the best of my knowledge and belief  **Signature: Print Name:**  **Job Title : Date:**  **NOTE: The signatory of the host organisation must have the necessary seniority and authority to formally commit the host organisation or entity to the terms of this agreement** | | | |