

**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/ orb Specific risk assessment for the work? | Yes/NoYes/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/NoYes/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/NoYes/NoYes/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** |