

**SCHEDULE** **3**

**WORK PLACEMENT HEALTH, SAFETY AND WELFARE RECORD**

To be complete in full by an appropriate representative of the company/organisation.

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| **Company/Organisation Name:** |  | **Number of employees:** |  |
| **Workplace Address:** |  | **Main contact (Name and Tel No)** |  |
| **Health and Safety contact – name:** |  |
| **Nature of business:** |  | | |

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| **1** | **Insurance Details** | **YES(√) NO(x)** | **Comments** |
| **a** | Is the Employers’ Liability insurance policy current and as appropriate to the business’ undertaking?  **(Minimum cover £5 million)** |  | Insurers Name:  Policy Number:  Expiry Date: |
| **b** | Is the Public Liability insurance policy current and as appropriate to the business’ undertaking? |  | Insurers Name:  Policy Number:  Expiry Date: |
| **c** | Is there any other insurance in place as required for the business’ undertaking e.g vehicle insurance? |  | Insurance for:  Insurers name:  Policy number:  Expiry date: |
| **2** | **Health and Safety Policy** | **YES(√) NO(x)** | **Comments** |
| **a** | Does the company have access to competent Health and Safety advice and assistance? |  |  |
| **b** | Is there a current Health and Safety policy in place and is this communicated to all employees? (written if you employ 5 or more employees) |  |  |
| **c** | Does the policy include arrangements for the health and safety of young persons and vulnerable adults? |  |  |
| **3** | **Risk Assessment and Control** | **YES(√) NO(x)** | **Comments** |
| **a** | Have suitable and sufficient risk assessments been completed and are they effectively communicated to all employees?  (written if you employ 5 or more employees) |  |  |
| **b** | Do you currently employ under 18 year olds and are suitable young person’s risk assessments in place?  (If “No” please confirm in the comments box that existing risk assessments will be amended or specific risk assessments completed) |  |  |

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| **4** | **Accidents, Incidents and First Aid** | **YES(√) NO(x)** | **Comments** |
| **a** | Have adequate arrangements for first aid equipment been made? |  |  |
| **b** | Have arrangements for first aiders and/or appointed persons been made? |  |  |
| **c** | Are accidents and first aid treatment appropriately recorded? |  |  |
| **5** | **Information, Instruction and Supervision** | **YES(√) NO(x)** | **Comments** |
| **a** | Is an initial induction given to all employees? |  |  |
| **b** | Does the induction include fire, emergency procedures and accident reporting? |  |  |
| **c** | Are employees adequately supervised? |  |  |
| **6** | **Personal Protective Equipment and Clothing** | **YES(√) NO(x)** | **Comments** |
| **a** | Is PPE/C provided, free of charge, to all employees? |  |  |
| **7** | **Fire and Emergencies** | **YES(√) NO(x)** | **Comments** |
| a | Has a suitable and sufficient fire risk assessment been carried out? |  |  |
| b | Are adequate arrangements in place for dealing with fires and other emergencies?  e.g. fire notices, fire doors and exits, fire log book etc. |  |  |
| c | Date of last firefighting equipment check: |  |  |
| **8** | **Safeguarding** | **YES(√) NO(x)** | **Comments** |
| **a** | Have safeguarding issues been considered and appropriate actions implemented to safeguard young people and vulnerable adults? |  | Named Person: |

**The Employer or their representative** – Please sign to agree that the above information is an accurate portrayal of policies, procedures and arrangements within your company/organisation.

**Name .......................................................Signature………………………Position…..............................Date: .................**

Please return to the Grimsby Institute Group within two working weeks.

**Partnership Representative:**

In signing this document, I confirm that I have;

* reviewed the information recorded in this document,
* undertaken the additional checks (where necessary) through Annex A(1) (Agreed Discussion form),
* inducted the learner to the work placement process, giving them all the relevant information,
* reviewed the details recorded by the learner on Annex D (Medical/Emergency Contact) and where necessary, completed Annex C (Additional Needs Risk Assessment for Work Placement),
* communicated all relevant information to the placement provider (employer).

And in doing so, confirm that the placement is suitable to achieve the intended outcomes and is to the best of my knowledge a safe and suitable placement.

Name .......................................................Signature…………………………..............................Date: ....................



Work Placement Provider/Employer

Important Information

It must be recognised that the Grimsby Institute Group learner you have engaged cannot be expected to have the same degree of awareness for health and safety as your more experienced employees. Therefore, can you please ensure that you act on the following:

* Take appropriate steps to ensure that the Learner/Students Health and Safety is protected.
* Ensure the Learner/Student is given an appropriate Health and Safety Induction into your workplace.
* Suitable and adequate supervision is provided and maintained for the duration of the Placement.
* Provide, the Learner/Student with any specialist protective equipment and clothing (PPE/C) which is deemed necessary to the Learner/Students working environment.
* If the Learner/Student is under the age of 18 a suitable and sufficient Young Workers risk assessment should be completed, if one is not already in place (Recorded if 5 or more persons employed).
* If the Learner/Student is involved in an accident/incident at work, details should be recorded. Reportable accidents/incidents should be reported to the enforcing authority as required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). The Grimsby Institute Group should be informed immediately of any RIDDOR’s.

In order for us to comply with current statutory requirements and to maintain our obligation of duty of care to Learners/Students, the Grimsby Institute Group will investigate all RIDDOR accidents/incidents and any disclosures in relation to health, safety and safeguarding.

**General Data Protection**

The TEC Partnership is committed to protecting and respecting personal information and only collect information that is necessary, relevant and adequate for the purpose you are providing it for.Further information on how we use your information can be found at <https://tecpartnership.com/privacy-centre/>