



University Technical
College Norfolk

Health & Safety Assessment Form

Organisation's name	
Student attending work experience	Name: Age:
Company contact	Name: Position:
Workplace address (including telephone & email)	
Nature of business (please provide an outline of the business's activities)	
What days/hours will the students be attending and what will be their agreed lunch break?	
Employers' Liability Insurance (ELI) details. NOTE: <i>Our student must be covered by ELI whilst on work experience.</i>	
Does the organisation have a current Health and Safety Policy in place which meets HSE guidelines?	
Have risk assessments been carried out to identify significant risks and are adequate control measures in place?	Yes/No Details:
Please confirm the employer has provided records of their risk assessment(s) or confirmation of their Health and Safety measures within their organisation. (Please send to Vicki.Fry@utcn.org.uk)	Yes/No Date: Notes: Confirmed by:
Has/will a Young Workers Risk Assessment been completed (if req.)? (Template available if required_	Date: Confirmed by:
Please confirm the learner will be supervised at all times (students must not be left alone)	Date: Confirmed by:

The employer has confirmed that the student will receive sufficient information/induction/training/supervision and PPE (where necessary) so they understand the risks in the workplace and can fulfil their role safely.	Yes/No Date: Confirmed by:
Whilst the student is working with your organisation, will they travel in a vehicle?	
If yes to the above question, is appropriate insurance in place?	
Following receipt of this completed form, the employer will be contacted by the Work Placement Co-Ordinator if there are any medical conditions, learning differences or vulnerabilities that may affect the student's health and safety during their placement.	

EMPLOYER CONFIRMATION AND AGREEMENT

As representative of the employer I agree to the student named above working on our premises, and to abide by all legislation relating to Equal Opportunities, Health and Safety and Child Protection.

My company/organisation has prepared a Risk Assessment (if applicable) and a safe system of work which covers all the tasks we expect this student to undertake.

Employer signature:

Employer name:

Date:

More information available at:

<http://www.hse.gov.uk/youngpeople/workexperience/placeprovide.htm>