

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

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| **EMPLOYER/PLACEMENT PROVIDERS’ HEALTH AND SAFETY QUESTIONNAIRE** |
| This checklist outlines the health and safety and insurance arrangements that must be in place and confirmed by the employer/placement provider prior to a student commencing a placement/workplace experience.  |
| **About the Placement** |
| **Name of Organisation** |  |
| **Address** (where the student(s) will be based) |  |
| **Nature of the business** |  |
| **Will the student(s) be required to travel regularly as part of their placement work experience?** | **Yes/No** |
| If Yes, please give details: |

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| **Your Health and Safety Processes** |
|  | **YES/NO** | **Comments****If No, please state reason**  |
| **1** | Does your organisation have **a written Health & Safety Policy**?[required for organisations with five or more employees] | Yes/No |  |
| **2** | **Risk Assessment** [If you employ five or more people you must record the findings of the assessment] |
|  | Do you have written risk assessment(s) and safe working procedures relevant to the environment and the work activities the student will carry out? | Yes/No |  |
|  | Have these risk assessments and safe working procedures been reviewed and updated in light of current Government and Public Health guidance on Covid-19 secure practices? | Yes/No |  |
| **3** | **Accidents and Incidents**  |  |  |
|  | Do you have formal procedures for reporting, recording and investigating accidents and incidents, including RIDDOR? | Yes/No |  |
|  | Do you have procedures to follow in the event of serious and imminent danger to people at work in your undertaking? | Yes/No |  |
|  | Will you report to the University all recorded accidents, incidents and near misses involving placement students? | Yes/No |  |
|  | Will you report to the University any sickness involving placement students which may be attributable to the work? | Yes/No |  |
| **4** | **Training/Induction**  |  |  |
|  | Will the student be provided with a full induction including all necessary health and safety training and anything else relevant to their role? | Yes/No |  |
|  | What supervision arrangements will be in place for the student’s work placement? |
| **5** | **Competent health and safety advice** (as required by Regulation 7 of the Management of Health and Safety at Work Regulations) |
|  | Name of person or organisation who provides your competent health and safety advice |  |
| **6** | **Employer and Public Liability Insurance** |  |  |
| **6a****6b** | Do you hold Employers Liability Insurance? (Limit of Indemnity > £10 million)Do you hold Public Liability Insurance? (Limit of Indemnity > £5 million)Will your insurances cover any liability incurred by a placement student as a result of his/her duties whilst under your supervision?Note: Please attach a copy of your current certificate(s) of Employer and Public Liability Insurance 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. You must notify the University if you do not renew insurance cover and/or reduce the level of cover in place. | Yes/NoYes/NoYes/No | **If you have answered No, please advise how the employer covers any potential liability:** |
| **7** | **Lone Working/Indirect Supervision or Remote Working**  |  |  |
|  | Will the placement involve the student undertaking any Lone or Remote Working? (includes working alone on a one to one basis e.g. with a service user/client OR working under indirect supervision OR working remotely from an off-site environment, e.g. student’s home)  | Yes/No/NA | **If Yes, please give brief details:** |
|  | Have the risk assessment and safe working procedures taken account of the arrangements for lone or remote working? | Yes/No |
| **8** | **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? | Yes/NoYes/No |  |
| **Your Details**  |

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| **Name:** |  | **Email Address:**  |  |
| **Position held:** |  | **Contact Phone Number:** |  |

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| I confirm that we will treat the student with the same level of care as a member of our staff and that we will:* Comply with health and safety legislation (applicable to the country hosting the placement)
* Provide the student(s) on placement with a full health and safety induction, including fire, emergency and first aid arrangements, arrangements for protection from significant risks associated with the work activities of the student (including Covid-19 safe working procedures where applicable) and procedures for reporting accidents, incidents, hazards, unsafe conditions and other health and safety concerns.
* Provide appropriate training and supervision in relation to their placement
* Resolve health and safety issues with the student(s) promptly
* Report and consult with the placement tutor regarding any breaches of discipline by a student

The above statements are true to the best of my knowledge and belief. **Placement Provider (please sign below)****Please Note:** the signatory of the placement organisation must have the necessary seniority and authority to formally commit the host organisation or entity to the terms of this agreement |

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| **Signed:** |  | **Date:**  |  |
| **Please indicate opposite whether this Health and Safety Questionnaire is signed off for the organisation as a whole or for a specific named placement area(s)** | **Whole Organisation:** YES/NO |
| **Name(s) of placement area(s):** |