**Work Placement Risk Assessment**

**2020-21**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Trainee:**  |  | **Placement Organisation** **Name and Address:** |  |
| **CW&C ESO:**  |  | **Placement Supervisor:** |  |
| **Contact Tel:** |  | **Contact Tel:** |  |
| **Date of Check:** |  | **Duration of Placement:** | **Days pw:** |
| **Hours:** |
| **Start/End Dates:** |

|  |
| --- |
| **Summary of Placement Job Role: *(attach a copy of the Job Description if available)*** |
|  |

**Identification of Areas requiring Control Measures:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Role Duties |  | Physical activities |  | Medical arrangements |  |
| Transport |  | Behaviour and conduct |  | Safeguarding |  |
| Clothing |  | Supervision |  | Accidents |  |
| Equipment |  | Accommodation |  | Accessibility  |  |
| Covid-19 |  | Weather |  | Work Breaks Arrangements |  |
| Other (state): |  | Other (state): |  | Other (state): |  |

**Examples of hazards and control measures to be considered:**

|  |  |
| --- | --- |
| **Hazards** | **Control Measures** |
| **Job Role Duties** | * *Role analysis*
* *Training including Systematic instruction*
* *Job Coaching*
* *Job Carving*
* *Workplace buddy*
 |
| **Transport** | * *Travel training in place, routes planned and practiced.*
 |
| **Clothing** | * *Guidance given on appropriate clothing including weatherproof clothing*
* *Appropriate footwear*
 |
| **Equipment** | * *Special equipment checked and in place to support the trainee carrying out their role*
 |
| **Physical activity** | * *Assess ‘Readiness for Physical Activity’ checklist of trainee (if relevant to job role)*
 |
| **Behaviour/conduct** | * *Agree standards of behaviour and conduct*
 |
| **Supervision** | * *All Supervisors briefed on duties and have contact details back to CW&C ESO.*
* *Job Coaching place as required.*
* *Systematic instruction in place*
* *Emergency contact Tel Nos for Placement Supervisors and CW&C staff*
 |
| **Accommodation** | * *Working environment suitability in terms of space, light, noise, proximity to others*
 |
| **Accessibility**  | * *accessibility of areas/buildings to be visited as part of role. Location of accessible toilets recorded.*
 |
| **Medical arrangements** | * *Adherence to health care content of Education & Health Care Plans for Supported Interns*
 |
| **Accidents** | * *Trained First Aider available within the workplace*
* *Access to basic first aid equipment*
* *Emergency contacts taken and held by supervisor*
 |
| **Safeguarding** | * *Appropriate levels of supervision*
* *Reporting procedures in place and known to the trainee*
* *Awareness raising with workplace staff/colleagues around support needs of trainee*
 |
| **Covid-19** | * *Complying with social distancing requirements and access to appropriate PPE including use of face masks*
* *Asymptomatic testing requirements*
 |
| **Weather** | * *Weather forecast checked where appropriate and activities amended where necessary eg outdoor work*
 |
| **Work Break Arrangements** | * *Support required*
* *Arrangements for lunch*
 |

**ACTIVITY/VISIT RISK ASSESSMENT (cont)**

**For all hazards identified above, complete the following risk assessment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazard** | **Control Measures to be put in place** | **Action by whom?** | **Action by when?** | **Done (date)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SIGNED**: ………………………………….……………………. **POSITION**: …………………………….…………………………

**Checked by:** …………………………………………………….  **Position:** ……………………………………………………….. Date: ……………………

**Copy of Risk Assessment to be provided to Workplace Supervisor.**