**Health and Safety Check**

**Work Placement/Work Trial – Initial Assessment**

**2023-2024**

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| **Generic Employer Information** | |
| Employer Name: |  |
| Employer Address: |  |
| Nature of Business: |  |
| Main Contact Name and Tel No: |  |
| Does the organisation have 5 or more employees? | Yes No |
| If yes, please locate and view the Health and Safety policy noting signatory and date | Location:  Signatory:  Date: |
| Name of Health and Safety contact covering this work placement | Name:  Tel no: |
| Information relating to Employer Liability insurance: | Location of certificate:  Insurer’s Name:  Policy number:  Expiry date: |
| Is there a Health and Safety at work poster on view (if more than 5 employees)? | Yes No |
| **Work Placement Role** | |
| Title of the work placement role: |  |
| Workplace Supervisor: Name and contact details: |  |
| Is there a job description covering the role to be undertaken and available to trainee? | Yes No |
| Duration of the work placement/trial in terms of length and weekly working hours? |  |
| Will the role holder undertake any hazardous duties as part of the placement/trial? Please list: | Yes No  1  2  3 |
| Will the role holder be required to wear/use any safety clothing/equipment? Please detail: |  |
| Training and Supervision arrangements:  Include any Access to Work Job Coaching arrangement as well as employer workplace arrangements. |  |
| Lunch and Break arrangements: |  |
| Frequency of visits from CW&C Employment Support Officer: |  |

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| **Workplace Adjustments** |  |
| Are there any workplace adjustments required to facilitate this placement/work trial? |  |
| **Safeguarding** | |
| Does the employer have a policy on harassment and bullying? | Yes No |
| Does the employer have a policy on safeguarding? | Yes No |
| Do employees receive safeguarding awareness training? |  |
| Who should any concerns be reported to within the organisation? |  |
| Has a workplace risk assessment been carried out including a response to Covid-19? | Yes Still to be completed |

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| **Signed: CW&C ESO** |  | **Date** |  |
| **Signed: Organisation Rep** |  |  |  |
| **Role within organisation:** |  |  |  |