

Health and Safety

Name: _____

The student's school has confirmed with the employer that the areas described below will be covered during the work experience placement. The following comments sections will include details about any discussions or meetings they had with the employer regarding their health and safety measures.

The employer has provided records of their risk assessment(s) or confirmation of the health and safety measures in place in their organisation.

Y **N**

Comments:

The school has discussed with the employer any medical conditions, learning differences, or vulnerabilities that may affect the student's health and safety during their placement (this includes anything which may affect a student during their work experience placement).

Y **N**

Comments:

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.

Y **N**

Comments:

The employer has confirmed that they have suitable Employer's Liability Insurance. This will cover the student for the duration of their work experience placement.

Y **N**

Comments:

Name: _____

Date: _____

Signature: _____