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| Employer Health and Safety Checklist: Non UK Placements |

This form is to be completed by an employer who is offering overseas work placements to students. Its purpose is to confirm what health and safety and insurance arrangements will be in place.

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| **About the placement** | | | | | | | | | | | | |
| Name of organisation | | |  | | | | | | | | | |
| Address  (where student will be based) | | |  | | | | | | | | | |
| Country | | |  | | | | | | | | | |
| Size of organisation (approx number of employees) | | | Less than 6 | | 6 - 249 | | | 250-1000 | | | | More than 1000 |
| Nature of the business | | |  | | | | | | | | | |
| Will the placement’s tasks be primarily office based? | | | | | | | | | YES / NO | | | |
| If the answer to the above question was NO, please describe the type of work the placement will be doing: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Will the placement be required to travel regularly as part of their work? | | | | | | | | | | YES / NO | | |
| If the answer to the above question was YES, please give details below: | | | | | | | | | | | | |
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| **Your Health and Safety Processes** | | | | | | | | | | | | |
| Does your organisation have a written Health and Safety Policy? | | | | | | | | | | YES / NO | | |
| Do you carry out risk assessments of your work practices to identify health and safety risks to your employees and others in your undertaking? | | | | | | | | | | YES / NO | | |
| Are there formal procedures for fires and other events that present serious and imminent danger to people at work in your organisation? | | | | | | | | | | YES / NO | | |
| Do you have procedures for reporting, recording and investigating accidents and incidents? | | | | | | | | | | YES / NO | | |
| What health and safety instruction / training will the work placement be given? | | | | | | | | | | | | |
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| What supervision arrangements will be in place for the work placement? | | | | | | | | | | | | |
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| **Insurance** | | | | | | | | | | | | |
| Does your insurance cover liability for injuries or sickness suffered by placement students attributable to their duties within your organisation? | | | | | | | | | | YES / NO | | |
| Insurance provider: | |  | | | | | | | | | | |
| Policy number: | |  | | | | | | | | | | |
| Limit of indemnity: | |  | | | | | | | | | | |
| Does your insurance cover injuries and/or property damage that placement students may cause during the placement? | | | | | | | | | | YES / NO | | |
| Insurance provider: | |  | | | | | | | | | | |
| Policy number: | |  | | | | | | | | | | |
| Limit of indemnity: | |  | | | | | | | | | | |
| **Your details** | | | | | | | | | | | | |
| Your name: | | | |  | | | | | | | | |
| Your position: | | | |  | | | | | | | | |
| Contact telephone number: | | | |  | | Email |  | | | | | |
| * The above statements are true to my best knowledge and belief * I agree that the we will: * Provide the student placement with a full health and safety induction, including fire, emergency and first aid arrangements, arrangements for protection from significant risks associated with their work and procedures for reporting accidents, incidents, hazards and other health and safety concerns * Report accidents and incidents involving the student to the University of Essex | | | | | | | | | | | | |
| Signed: |  | | | | | | | | Date: | |  | |

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| ***For University use:\**** | | |
| **Action taken** | **By who** | **Date** |
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