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| Employer Health and Safety Checklist: UK Placements |

This form is to be completed by a UK employer who is offering 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(s) will be based) |  |
| Size of organisation (approx. number of employees) | Less than 6 | 6 - 249 | 250-1000 | More than 1000 |
| Nature of the business  |  |
| Will the placement tasks be primarily office based? | YES / NO |
| If the answer to the above question was NO, please describe the type of work the student(s) will be doing:  |
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| Will the student(s) 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** *(Please note that you may be asked to provide documentary evidence)* |
| Does your organisation have a written Health and Safety Policy?*(Required for organisations with over 5 employees)* | YES / NO |
| Do you have written risk assessments or safe working procedures for the work activities the student(s) will be carrying out? | YES / NO |
| Do you have formal procedures for reporting, recording and investigating accidents and incidents, including RIDDOR[[1]](#footnote-1)? | 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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| **Competent health and safety advice** (as required by Regulation 7 of the Management of Health and Safety at Work Regulations)[[2]](#footnote-2) |
| Name of person or organisation who provides your competent health and safety advice: |   |
| **Insurance – Do you hold each of the following:** |
| Employers liability insurance | YES / NO | If yes please attach a copy of the current certificate |
| Public liability insurance | YES / NO | If yes please attach a copy of the current certificate |
| Professional Indemnity Insurance  | YES / NO | If yes please attach a copy of the current certificate |
| If you have answered No to any questions above, please advise how the employer covers the potential liability e.g. Self Insurance or Captive Insurance: |
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| NB: You need to notify your University of Essex placements contact if you either do not renew the insurance cover or the level of cover that is currently in place is reduced. |
| **Your details** |
| Your name: |  |
| Your position: |  |
| Contact details: Phone  |  | e-mail |  |
| * The above statements are true to my best knowledge and belief
* I agree that we will:
* 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 their work and procedures for reporting accidents, incidents, hazards and other health and safety concerns
* Report accidents and incidents involving the student(s) to the University of Essex
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| Signed: |  | Date: |  |

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| ***For University use:\**** *Record any further action taken. E.g. approval given / not given or further information requested from employer* |
| **Action taken** | **By who** | **Date** |
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1. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

Document1 Updated for Insurance change on PII 09/02/22 version 3, Feb 2022 [↑](#footnote-ref-1)
2. See: <http://www.hse.gov.uk/business/competent-advice.htm> or [www.hse.gov.uk/business/sources-advice.htm](file:///C%3A%5CUsers%5CRenier.Barnard%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C3E6OQ439%5Cwww.hse.gov.uk%5Cbusiness%5Csources-advice.htm) [↑](#footnote-ref-2)