**** Work-Based/Placement Learning Assessment Form

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| **1. PLACEMENT DETAILS** | | | | | | |
| Organisation Name: | | | | | | |
| Occupational Area: | | | | | | |
| Postal Address: | | | | Nature of Business: | | |
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|  | | | |  | | |
| Post Code: |  | | | Main Contact: *Mr, Mrs, Miss, Ms Dr, Other* | | |
| Telephone No.: | | | | Position: | | |
| Fax No.: | | | | Employer Health & Safety Representative / Competent Person: | | |
| Mobile No.: | | | | University Representative  (tutor or supervisor): | | |
| Email address: | | | | | | |
| Web Site: | | | | | | |
| Number of Employees: | | F/T | P/T | | Other | Total |
| What is preferred method of Contact | | | | | | |

Information contained in our database may be used to contact you from time to time.

Please indicate if you want to be contacted Yes No

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| **2. INSURANCE DETAILS** | | | |
| **Date Checked** | **Current Insurance Cover** | **Policy Number** | **Expiry Date** |
|  | Employers Liability |  |  |
|  | Public Liability |  |  |
|  | Vehicle/Plant |  |  |

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| **3. SUPERVISION** | | |
| **3.1** | **Will the Employer provide Supervision / Safeguarding** | Yes or No |
| Name: | | |
| **DEPUTY SUPERVISION** | | |
| **3.2** | **In the absence of the main supervisor who will supervise the learner/ employee?** Yes or No | |
| Name: | | |

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| **4. HEALTH AND SAFETY** | | |
| **4.1** | **Health and Safety Policy** | **Yes/No** |
| A | Is there a clear commitment to health, safety & welfare (**written policy statement mandatory** when 5 or more employees)? |  |
| B | Are the responsibilities and arrangements for health and safety clearly stated (recorded when 5 or more employees)? |  |

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| **4.2** | **Risk assessment and control** | **Yes/No** |
| A | Have risk assessments been carried out and significant risks identified? |  |
| B | Have the significant findings and details of any groups identified (e.g. young persons/ vulnerable adults inexperience) as being especially at risk been recorded (this is optional where there are fewer than 5 employees)?  **Comments:** |  |
| C | Give details of the risks and control measures relating to the occupations and the specific activities carried out in the workplace. | |
| D | How are the risks and control measures explained to employees and others? | |
| E | Are risk assessments reviewed e.g. in light of the findings from monitoring activities? |  |

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| **4.3** | **Fire and emergencies** | **Yes/No** |
| A | Has the Employer carried out a fire risk assessment? |  |
| B | Is there a means of raising the alarm and fire detection in place? |  |
| C | Are there appropriate means of fighting fire in place? |  |
| D | Are effective means of escape in place including unobstructed routes and exits? |  |
| **Comments:** | |  |

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| **5. EMPLOYER APPRAISAL / ORGANISATIONAL NEEDS ANALYSIS– ACTION / RECOMMENDATIONS** | | | | | | | | | | | | | |
| **5.1** | **Agreed Action** | | | | | | | | | | | | |
| **ACTION** | | | **BY WHOM** | | | | | **BY WHEN** | | **COMPLETION DATE** | | | |
|  | | |  | | | | |  | |  | | | |
| **5.2** | **Appraisal Summary and Recommendations** | | | | | | | | | | | | |
| **5.3** | ***To be completed by Program Leader / Academic Group Leader (FOR OFFICE USE ONLY)*** | | | | | | | | | | | | |
| The above named company is authorised with effect from | | | | | | | Date: | | | |  | | |
|  | |  | |  |  | |  | | | |  | | |
| Signature: | |  | | | | Print: | | |  | | |  | |
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