

WORK EXPERIENCE HEALTH & SAFETY QUESTIONNAIRE

Name:

Company:

Telephone Number:

Position:

Contact Name:

Email:

For us to assess the suitability of the placement and arrange any additional Health and Safety checks in advance of the placement we would be grateful if you could answer the following questions:

Health and Safety Questionnaire

1. Will students be given an induction including a Health & Safety brief on their first day?
2. Will full training & instruction be provided to students before they use a new piece of machinery?
3. Are there any areas of the premises or work area which are prohibited to students?

If you have answered **yes** to question 3, please state these areas:

4. Does the role require any lifting and / or manual handling?
5. Do your premises house any chemicals or materials covered by COSHH regulations?
If you have answered Yes, please provide information if the student will have access to these chemicals or materials
6. Is PPE required for any tasks the student will undertake?
7. Do you have risk assessments in place?
If you have answered Yes, please provide a copy of this risk assessment if you feel this would be beneficial.
8. Please state the maximum total number of hours to be worked by the student during any one day.

9. Please state the regular number of employees within the business:
10. Will the student at any time be required to work on a one-on-one basis with any of the employees?
11. Will the student be left alone on the premises at any time?
12. Does any computer, to which the student will have access, comply with DSE regulations?
13. Are firewalls & Filters in place on any computer to which the student will have access?
14. Will the student be allowed unsupervised access to the Internet?

General Information

1. Do you have a dress code?
Please provide further details:
2. Do you require the student to provide any Personal Protective Equipment (PPE)?
If **yes**, please provide details:
3. What hours do you require the student to work?
4. Do you have a canteen or staff room?
5. Do you have any facilities for the student to buy lunch?

I understand that by completing this questionnaire the school will use this as a basis of their assessment of the suitability of the Work Experience placement. Should the school feel it necessary they will instruct an external company to carry out a more detailed Health & Safety survey based on the information provided in this questionnaire.

Signed:

Name:

Date:

Position: