## Work Experience Risk Assessment

**Each area that hosts work experience students should complete a risk assessment and review it prior to a new placement starting.**

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| **Part A About the Placement**  |
| **Organisation** |  |
| **Department** |  |
| **Work****Experience Co-ordinator**  |  |
| **Activity, Area of Work or Situation Being Assessed.**Catering- Kitchens, Chef Role and Catering- Front of House e.g. restaurant or coffee shop |
| **Give a brief description including the possible issues, likelihood of them happening and mitigation to remove or reduce the risk** |
| **Does the work experience involve?** | **Yes/No/ Potential** | **What controls exist to ensure that harm is not caused to the Young Person?**  |
| **When Managers are completing this section of the risk assessment, consideration needs to be given to potential risks in your working environment, below are examples. Please include any other known or potential risks.** **Students must be always supervised as this is just an observation opportunity.**  |
| Work that requires repetitive or forceful movements and which may be affected by physical immaturity? |  |  |
| Ensure student is supervised when dealing with manual handling/equipment. |  |  |
| Work which involves a greater degree of psychological maturity such as stressful situations or violent and aggressive behaviour from patients? |  |  |
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| **Part B About the Student** |
| **What is the name of the Child/Young Person/under 19 to whom this student assessment applies and what are the dates of the work experience (if known)?*****Parent to complete:*****NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATES FROM: \_\_\_\_ to \_\_\_\_\_** |
| Are there any **health conditions** that the organisation needs to be aware of during the placement? If Yes please describe what, if any support is needed from the organisation to assist with these. |
| Are there any **additional learning support needs** that the organisation needs to be aware of during the placement? If Yes please describe what, if any support is needed from the organisation to assist with these. |
| **Name of Parent / Legal Guardian:** | **Signature:** | **Date:** |
| **Part C Placement Manager** |
| * I confirm that I have completed and reviewed the placement risk assessment in part A to help identify any factors which have potential to cause harm to Child/Young Persons/under 19 in the workplace.
* I confirm that I have reviewed Part B from the child/Young Person/Under 19’s parent/guardian or educational establishment representative
* I confirm that where factors have been identified I have made a note on the risk assessment form above that describe the controls which are in place to control them.
* I confirm I have identified the below tasks which the learner is not able to do
* I confirm that I have identified additional control measures that are required which are……..
* I confirm that no other information has been presented from the education establishment/learner/their parent or guardian that would impact on the risk assessment for this placement e.g. additional learning support/health/disability.
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| The placement manager identified below is signing to certify that the risk assessment is a correct reflection of the hazards identified when carrying out the duties that the student will be required to perform, that the tasks are age and ability appropriate and that the control measures identified are adequate and that any further action necessary to reduce the risks will be carried out and documented before the student commences the work experience placement. The placement manager will ensure the student is not left unattended during their placement and that a review of the risks and control measures will be carried out during the placement to ensure the student is safe. |
| **Placement Manager Name:** | **Ward/Area:** |
| **Signature****Date** | **Hospital Site:**  |

**A copy should be kept locally and a further copy kept by the student**