



PLACEMENT PROVIDER HEALTH AND SAFETY QUESTIONNAIRE

Placement Organisation:			
Placement Address:			
Placement Supervisor Name (or other provider contact):			
Placement Supervisor Role:			
Telephone:			
E-mail:			
Name of student(s):			
Duration of Placement:		Start Date:	

Dear Placement Provider

Re: Health and Safety for Work Placements

The University of Wales Trinity Saint David has a duty of care to ensure, so far as is reasonably practicable, the health and safety of our students whilst on placement. We ask for your assistance in meeting this obligation by completing this questionnaire and supplying a copy of your health and safety policy and current insurance certificates.

I'd be grateful if you would return the documents by email to my contact details below.

If you have any questions or problems, please don't hesitate to get in touch.

Yours faithfully

Laura Jenkins

Email: l.jenkins@uwtsd.ac.uk



PLACEMENT PROVIDER QUESTIONNAIRE

1.	Policies	Yes	No
Does your organisation have a written equality, diversity and inclusion policy?			
Does your organisation have a written health and safety policy?			
Do you communicate and consult with staff on Health and Safety matters?			
2.	Insurance	Yes	No
Is Employer Liability Insurance held?			
Insurer Name:			
Policy Number			
Start Date:		End Date	
Is Public Liability Insurance held?			
Insurer Name:			
Policy Number			
Start Date:		End Date	
3.	Risk Assessments	Yes	No
Have risk assessments for workplace tasks / activities to identify possible hazards to employees and others affected by your activities been completed?			
Are these risk assessments kept under regular review?			
Will instruction and training be provided to the student placement for any risk assessment relevant to their duties?			
4.	Fire Safety	Yes	No
Have fire risk assessments been completed for the buildings you occupy?			
Have the findings of the fire risk assessments been completed satisfactorily?			
Are suitable fire warning & detection systems in place and serviced in line with manufacturer requirements?			
Are firefighting equipment in place & serviced within manufacturer requirements?			
Are Fire Alarms tested weekly?			
Are Fire Drills carried out at least annually?			
Will fire safety awareness training be delivered to student placements?			
5.	Other Health and Safety Areas	Yes	No
Are First Aid arrangements in place			



Are systems in place to ensure equipment and machinery is maintained?			
Are systems in place to ensure hazardous substances are controlled?			
Are systems in place to control any Working at Height activities?			
Is Personal Protective Equipment (PPE) made available?			
Are systems in place to control Manual Handling activities?			
Are systems in place to control risks in the use of Display Screen Equipment?			
Is an accident reporting and investigation system in place?			
In relation to any student placement will you report to the University all accidents / incidents, near misses or any sickness attributable to the work?			
6. Health & Safety Competent Person			
Please provide details of your competent person for Health and Safety matters.			
Name:			
Position:			
Tel No:			
Email address:			

	ROLE SPECIFIC CHECKLIST	Yes	No	N/A
1.	Safeguarding			
	a) Will the student be working with children/young persons/vulnerable adults?			
	b) Is a DBS/police check required?			
	c) If a DBS/police check is required, will you fund it?			
	d) Will the student be working alone i.e. unsupervised? If yes, please specify the extent:			
2.	Accommodation			
	Will you provide help with accommodation for the student? If yes, please explain:			
3.	Health checks			
	a) Do you require any inoculations/pre-employment health checks?			



	b) If yes, please specify the nature of the health checks:			
	c) If yes, will you fund these?			
4.	Travel			
	a) Does the student have to undertake any travel as part of the work role? If yes, please specify:			
	b) To what extent will you fund this, if any?			
5.	Work permits and visas			
	a) If the role is overseas, i.e. not in the UK, is a work permit/visa required?			
	b) If yes will you sponsor the student's application for the visa			
6	Please specify any other specific pre-employment requirements:			

CONFIRMATION

I confirm that the preceding information is correct to the best of my knowledge. I confirm also that the student will receive:

- Induction briefing on their first day of attendance.
- Appropriate training and supervision in relation to their placement.

Signed:			
Name:			
Position:		Date:	

Thank you for completing this questionnaire. Please return it as soon as possible with PL1a Placement Provider Agreement form to the Placement Coordinator (contact details above)