Work Experience Risk Assessment Form

# 1. Placement Details

Company/Organisation Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placement Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placement Start Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_ End Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Participant: \_\_\_\_\_\_ (if under 18, additional precautions may apply)

# 2. Nature of Work

Brief description of tasks the participant will undertake:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 3. Identified Risks and Control Measures

Please list any potential hazards the participant may be exposed to and the control measures in place.

Example: Manual handling – Training provided and supervision in place.

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| --- | --- | --- |
| Hazard | Risk (What could happen) | Control Measures (What is in place to reduce the risk) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# 4. Participant-Specific Considerations

Does the participant have any additional needs that may require adjustments? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 5. PPE and Supervision

Is Personal Protective Equipment (PPE) required? ☐ Yes ☐ No

If yes, list items provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will a named supervisor be present throughout the placement? ☐ Yes ☐ No

# 6. Declaration

I confirm that the above information is accurate and that suitable risk control measures are in place to support the safety of the participant during their placement.

Placement Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_

Organisation Representative (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_