**Risk Assessment**

Name of Young Person:

Date of Birth:

Age:

School:

Parent/Guardian Name:

Home Address:

Emergency Contact Name:

Number:

Medical Conditions: Please provide as much information as required

Dates of Placement:

Location of Placement: School of Informatics/Appleton Tower/Bayes Centre

**Part A: Description of Activities**

The activities which may be carried out by the young person at the time of the work experience are as follows:

|  |  |  |
| --- | --- | --- |
| **Activities** | **Individuals they will work with/shadow** | **Individuals Name + Signature + Date** |
| Please provide a comprehensive list | Please provide the names of any individuals the pupil will work with/shadow during this activity | Name:  Signature:  Date: |
|  |  |  |
|  |  |  |
|  |  |  |

**Part B: Hazards Associated with the Activities**

Please provide a list of all hazards to which the young person may be exposed during the placement:

|  |  |  |
| --- | --- | --- |
| **Hazard(s)** | **Risk**  **L/M/H** | **Control Measures** (e.g. alternative work methods/mechanical aids/engineering controls etc.) |
| Please provide a comprehensive list |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Date Risk Assessment Undertaken:

**Note: The young person must never carry out activities such as lifting, using chemicals, working at height and other hazardous duties that required risk assessment.**

**Part C: School of Informatics Supervisors Details**

Name:

Job Title:

Telephone Number:

Office Address:

Signature of Supervisor:

**Part D: To be completed by School of Informatics Health and Safety Supervisor**

Name:

I confirm that the above risk assessment has been reviewed and the School is supportive of this placement

Telephone Number:

Signature:

Date:

**The full risk assessment must now be sent to the young person’s parent/carer and School for their review and signature.**

**Part E: To be completed by the Young Person’s Parent/Carer**

Name:

Address:

Telephone Number:

Email address:

I confirm that I have read the above risk assessment and approve the young person’s work experience/internship

Signature:

Date:

**To be completed by the Young Person’s School Representative**

Name:

Job Title:

Address:

Telephone Number:

Email address:

I confirm that I have read the above risk assessment and approve the young person’s work experience/internship

Signature:

Date:

Please return the above form to XXX.

**For School of Informatics Use Only**

Form signed by parent/carer

School Health and Safety Supervisor signed off placement

Risk Assessment shared with all individuals noted and InfHR