



**PLEASE RETURN TO MR WHITMORE AT ST MARTHA'S SCHOOL**

I confirm that I have read this Letter of Understanding and that all the points are acceptable to me.

Signature of Employer: ..... Date: .....

Position held: .....

Name of Company: .....

PUPIL'S NAME: .....



## **CHECK LIST FOR HEALTH & SAFETY INSPECTION OF WORKPLACES PROVIDING WORK EXPERIENCE FOR STUDENTS**

*Any employer of 5 or more people (including the work experience pupil(s) who does not have, or is not willing to produce, a written statement of their policy on health and safety at work and of the arrangements for carrying that policy into effect should not be included in the work experience scheme (Health & Safety at Work Act 1974 Section 2 (3)).*

PART 1 - this information may be obtained through discussion with the employer:

**TICK**

i.	Has the employer appointed someone to have overall responsibility including inducting staff in safeguarding procedure?	<input type="checkbox"/>
ii.	Has the employer confirmed that they have registered with the appropriate health and safety enforcing authority, where this is required? (in general this requirement extends to factories, including garages, dry cleaners and repair workshops, offices, shops and some construction sites).	<input type="checkbox"/>
iii.	Will adequate and appropriate supervision be given to work experience students at all times?	<input type="checkbox"/>
iv.	Will the student be provided with adequate training in health and safety issues?	<input type="checkbox"/>
v.	Are procedures in place to deal with any accidents and emergencies that may arise? In particular is first aid equipment provided and are records of first aid treatments kept?	<input type="checkbox"/>
vi.	Does the employer know to report all accidents to work experience students, however minor, to the school?	<input type="checkbox"/>
vii.	If needed, is appropriate protective equipment, in appropriate sizes, available?	<input type="checkbox"/>

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Employer's Signature: .....

Position: .....

Date: .....

**CHECKLIST OF EMPLOYER RISKS COVERED**



In connection with proposed attachments of (name)  
..... from St Martha's School to (organisation)  
..... the school needs confirmation that  
the organisation has the necessary insurance covers and that insurers have confirmed  
their acceptance of this risk.

Please confirm this by ticking the boxes below:

**1. ACCIDENTAL INJURY etc.**

- i. *to pupils*
  - a) On Work Experience (Employers' Liability)
  - b) Other (Public Liability)
- ii. *to employees* (Employers' Liability)
- iii. *to others* \*\*

**2. LOSS OR DAMAGE TO PROPERTY**

- i. Employers' property (Material Damage)
- ii. Other (including pupils') property (Public Liability)

**THIS FORM SHOULD BE RETURNED TO:**

**Mr E Whitmore**  
**St Martha's School**  
**Camlet Way**  
**Hadley Wood**  
**Barnet, Herts, EN4 0NJ email: [whitmoree@saint-marthas.org.uk](mailto:whitmoree@saint-marthas.org.uk)**

**Employer's Signature:** ..... **Date:**  
.....

\*\* i.e. other visitors, customers, members of the public etc.