



EMPLOYER HEALTH AND SAFETY VETTING FORM

This form must be completed prior to the participant being placed; work experience commencing and contract being agreed.

1. General Details

Company registered name:

Trading name (if different):

Address:

Postcode:

Unitary authority:

Total number of staff employed (including part-time):

Business activity:

Location of vet (if different from address above):

2. Contact Details

Surname:

First name(s):

Title: Mr, Ms Miss, Mrs, Dr:

Job title:

Email address:

Contact number (including area code):

Alternative contact number (including area code):

3. Competent Person for Health and Safety - Employer

Surname:

First name (s):

Title:

Job title:

Email address:

Contact number (including area code):

4. Insurance Details

Does the organisation have valid Employers' Liability Insurance covering the Participant for the duration of the work experience?:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Does the organisation have a combined insurance policy?:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Which type of insurance does the employer hold?	Employers' Liability:	<input type="checkbox"/>	Public Liability:	<input type="checkbox"/>
Insurer's name:	<input type="text"/>			
Policy number:	<input type="text"/>			
Start date:	<input type="text"/>			
Expiry date:	<input type="text"/>			

5. Health & Safety Management

This section covers the health and safety arrangements and documentation the company has in place. If the company has less than 5 employees, it may not have written procedures, however it may have verbal procedures; in this instance assurance must be gained and detailed within the general comments section.

Arrangement	Document and/or system in place (✓ one only)			General Comments
	Y	N	N/A	
<p>Health and Safety Policy. The employer's Health & Safety policy should be regarded as an element of its health and safety management system, recognising the management commitment, the resource responsible for implementation, and the arrangements in place to ensure continuous management of health, safety and welfare.</p> <ul style="list-style-type: none"> • Statement (signed and dated) • Organisation • Arrangements 				
How is the H&S policy communicated?:				
<p>Risk assessments. The employer's risk assessments should be regarded as an element of its health and safety management system, contributing to the implementation of appropriate arrangements which are identified in the health and safety policy.</p>				
Does the risk assessment system take into account persons having learning difficulties and or disabilities?				
Are workplace inspections carried out?				
Is there a system for recording and rectifying hazards or Health & Safety issues?				
<p>Fire Management System</p> <p>Fire risk assessment, warning and detection system, equipment.</p>				
<p>Emergency procedure in place</p> <ul style="list-style-type: none"> • Fire • Bomb scare • Other 				
Are first aid arrangements in place?				

Are systems in place to ensure equipment and machinery is maintained in a safe working condition?				
Are systems in place to ensure control of substances hazardous to health (COSHH)?				
Are systems in place to ensure control of Working at Height?				
Is Personal Protective Equipment (PPE) available?				
If appropriate are systems in place to ensure control of Manual Handling?				
If appropriate are systems in place to ensure control of Display Screen Equipment (DSE)?				
Accident/Disease Reporting system?				
How will accidents/ diseases be investigated and documented?				
Is there a procedure for recording and acting upon dangerous occurrences or incidents which could have led to injury?				
Any other specific area(s) relating to the undertaking in which the vetting person would like to comment to gain assurance?				

Signed:.....

Name:.....

Position:.....

Date:.....

Thank you for completing this form

Please return to:

**The University of Sheffield
Careers Service
388 Glossop Road
Sheffield S10 2JA**

1. Organisational Risk Banding

Based on the information provided please circle the level of **Organisational Risk** using the definitions outlined in the University of Sheffield 'Guidance for the Vetting and Risk Banding of Placements' document:

LOW

MEDIUM

HIGH

Note:

If you have any concerns following a risk banding of Medium or High please contact the Employer for clarification or University Health & Safety Department for advice.

2. Conclusion and Declaration

Overall Comment(s):	
Name of Competent Person:	
Signature:	
Position:	
Date of risk banding:	
Organisation acceptable?	

Date of re-vet: (re-vetting is required when the initial vet has been in place for 3 years; there are major changes in the structure, environment, undertaking etc. of the employer/work experience/job opportunity; significant issues found following an accident/disease report; an employer has not been used for work experience/job opportunity for a period of time.)