



Statement of Significant Risks & Control Measures Form



Company Details

Name of Company/Business:	
Address Line 1 :	
Address Line 2 :	
City:	Post Code:
Company Contact Name:	
Contact Telephone:	
Contact Email:	

Does your Company have an Equality and Diversity Policy? Yes No Other: _____

Details on Placement

Type of work on placement undertaken by student:

--

Significant Risks to be aware of:

--

Will special clothing be needed (if any):

Measures to be taken to minimise these risks:

--

Company Insurance *Evidence will be requested to safeguard our student(s)*

Does your company have 'Third Party Public Liability' Insurance?

Yes No Other: _____

To provide evidence of this I will be sending copies of our Third Party Public Liability Insurance ...

... via email

... via post

Does your company have 'Employer Liability' Insurance?

Yes No Other: _____

To provide evidence of this I will be sending copies of our Employer Liability Insurance ...

... via email

... via post

Student Details

Please confirm the name of the student(s) that you have agreed to host:

Working days

All Week Monday Tuesday Wednesday Thursday Friday Other: _____

Working hours

Lunch arrangements

Employer

Name _____

Signature _____ Date _____

Parent/Carer

Name _____

Signature _____ Date _____