

Work Placement/Work Trial Initial Assessment/Health and Safety Check

Most recent update: 02 April 2025

Employer information	
Employer name	
Employer address	
Nature of business	
Main contact	Name: Telephone number: Email address:
Does the organisation have 5 or more employees?	YES/NO
If yes, please locate and view the Health and Safety policy noting signatory and date	Location: Signatory: Date:
Health and Safety contact covering this work placement	Name: Telephone number:
Information relating to Employer Liability insurance	Location of certificate: Insurer name: Policy number: Expiry date:
Is there a Health and Safety at Work poster on view (if more than 5 employees)?	YES/NO

Work Placement role	
Title of work placement/trial role	
Workplace supervisor	Name: Telephone number: Email address:
Is there a job description covering the role to be undertaken and available to the trainee?	YES/NO

Duration of the work placement/trial	Length of placement/trial: Hours per week:
Will the role holder undertake any hazardous duties as part of the placement/trial? Please list	YES/NO 1. 2. 3.
Will the role holder be required to wear/use any safety clothing/equipment? Please provide details	YES/NO
Training and supervision arrangements	Employer workplace arrangements: Access to Work job coaching arrangements:
Lunch break arrangements	
Frequency of visits from CW&C Employment Support Officer	

Workplace adjustments	
Provide details of any workplace adjustments required to facilitate this work placement/trial	

Safeguarding	
Does the employer have a policy on harassment and bullying?	YES/NO
Does the employer have a policy on safeguarding?	YES/NO
Do employees receive safeguarding awareness training?	YES/NO
Who should concerns be reported to within the organisation?	

Signed (CW&C ESO)		Date	
Signed (Organisation rep)		Date	
Role within organisation			