**QF9a Risk Assessment Form**

Placement Provider:

Location:

Name of Students:

Start and end dates of Placement:

|  |  |  |  |
| --- | --- | --- | --- |
| **General Control Measures** | **Matters considered.** | **Action Necessary?** | **Action Completed?** |
| Has the placement provider confirmed receipt of the written communication and returned the checklist? |  |  |  |
| Has this placement provider been used before and been reviewed with regards health and safety? |  |  |  |
| If yes to above, do any concerns remain unresolved? |  |  |  |
| Does the placement provider have a health and safety advisor? |  |  |  |
| Has the student had a sufficient briefing from us? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risk Assessment and further specific actions necessary.** | **Risk Profile****High/Med or Low** | **Matters considered** | **Action Necessary?** | **Action Completed?** |
| Work FactorsStudy or work/locationAccommodation?  |  |  |  |  |
| Travel and transportation factors |  |  |  |  |
| Location and/or regional factors |  |  |  |  |
| General/environmental health factors |  |  |  |  |
| Individual student factors |  |  |  |  |
| Insurance limitations |  |  |  |  |
| **Conclusions** | **Comments** | **Action Necessary?** | **Action Completed?** |
| Is a site safety visit required before placement is approved? |  |  |  |
| Are the risks tolerable such that the placement can be approved? |  |  |  |

Prepared by: Date:

Have the above actions been completed?

I, Wendy Bignold approve this placement.

Signed: Date: