**PL1f STUDENT PLACEMENT INDUCTION CHECKLIST**

|  |  |
| --- | --- |
| **Student Name:** |  |
| **Placement Organisation:** |  |
| **Placement Site Address:** |  |

The Health & Safety topics identified below should be included within the induction that is provided for the student on placement, preferably on their first day.

|  |  |  |  |
| --- | --- | --- | --- |
| **Health & Safety Induction Areas** | **YES** | **NO** | **N/A** |
| 1. Introduction to key staff members and their roles explained
 |  |  |  |
| 1. Location of welfare facilities (e.g. toilets, kitchen, restroom, showers)
 |  |  |  |
| 1. Emergency procedures
 |  |  |  |
| 1. Location of organisation safety policy
 |  |  |  |
| 1. Location of first aid facilities and contact for first aiders
 |  |  |  |
| 1. Fire procedures and location of fire-fighting equipment
 |  |  |  |
| 1. Accident / incident reporting and location of accident book
 |  |  |  |
| 1. Access to risk assessments covering tasks to be undertaken
 |  |  |  |
| 1. Location of health and safety information and advice
 |  |  |  |
| 1. Use/control measures for hazardous substances – if applicable
 |  |  |  |
| 1. Display Screen Equipment procedures – if applicable
 |  |  |  |
| 1. Manual handling procedures – if applicable
 |  |  |  |
| 1. Protective clothing/equipment arrangements – if applicable
 |  |  |  |
| 1. Instruction / training on equipment / machinery – if applicable
 |  |  |  |
| 1. Specific disability related induction issues – if applicable
 |  |  |  |
| 16. Routes for disclosure / support of student mental health and wellbeing  |  |  |  |
| 17. Equality and diversity guidance/policies |  |  |  |
| 18. A structure or schedule of the student’s first week |  |  |  |
| 19. Other issues covered/to be covered please state below: |  |  |  |
|  |

**PLACEMENT PROVIDER CONFIRMATION**

I confirm that the student has been provided with the induction specified above:

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print Name:** |  |
| **Position:** |  | **Date:** |  |

**STUDENT CONFIRMATION**

I confirm that I have been provided with an appropriate induction as specified above:

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print Name:** |  |
| **Position:** |  | **Date:** |  |

**Please return the completed checklist to the Placement Organiser within one week of the student starting placement.**

**PLACEMENT COORDINATOR RECEIPT**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print Name:** |  |
| **Date of Receipt:** |  |
| If further action is required then detail below: |
|  |