



COUNTEC EDUCATION BUSINESS PARTNERSHIP PROVIDER PROFILE

PROVIDER NAME (PLEASE PRINT)

Address: _____ **Tel:** _____
 _____ **Fax:** _____
District: _____ **Email:** _____
 (Tick preferred method for contacting)
Town/City: _____ **Web Site:** _____
Post Code: _____ **Provider size:** _____ **Status:** Active Special
 (No. of local employees: inc. part time)
Business: _____
Contact is for: Work Experience Work Related Learning IPEC
Title: _____ **First name:** _____ **Last Name:** _____ **Position:** _____
Direct line: _____ **Mobile:** _____ **Email:** _____
 (If different from above) (If different from above)
NOTES: _____

INSURANCE DETAILS

	Yes	No	Comments
Is insurance in place?	<input type="checkbox"/>	<input type="checkbox"/>	
Are your Insurers aware of Work Experience placements? <small>(Employer may need to be aware of each placement)</small>	<input type="checkbox"/>	<input type="checkbox"/>	
Will student accompany an employee in a vehicle on company business?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, is the vehicle insured for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>	
Crown Exempt	<input type="checkbox"/>	<input type="checkbox"/>	
Employer Liability:			
Company: _____ Policy Number: _____ Expiry Date: _____			
Combined Employers and Public Liability Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Public Liability: <small>(If this is <u>not</u> a combined policy give details below of Provider's Public Liability Insurance)</small>			
Company: _____ Policy Number: _____ Expiry Date: _____			

HEALTH AND SAFETY ARRANGEMENTS IN THE WORKPLACE

	Yes	No	Comments
Person responsible for Health & Safety for the company: _____			
a) Have risk assessments been carried out? <small>(As required by current H & S regulations)</small>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Has a Health and Safety policy been drawn up? <small>(As required by the Health and Safety at Work etc Act 1974 if your total workforce is 5 or more)</small>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Is the Health & Safety Law poster displayed? <small>(If not give information)</small>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Will a Health and Safety induction be given to students? <small>(Essential)</small>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Will a record be kept of this induction? <small>(Diary entry and outline at least)</small>	<input type="checkbox"/>	<input type="checkbox"/>	
Person responsible for student's safety briefings: _____			

The employer is responsible for drawing up a risk assessment for the student but Countec can help and will send the agreed standard Risk Assessment to the parents. The employer will need to inform the parents if this needs amending (e.g. If the student has a disability).

HEALTH AND SAFETY ARRANGEMENTS IN THE WORKPLACE (continued)	Yes	No	Comments	
a) Is there a First Aid container?	<input type="checkbox"/>	<input type="checkbox"/>		
b) Is there a qualified First Aider or Appointed Person?	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____	
c) Is there an accident book?	<input type="checkbox"/>	<input type="checkbox"/>		
d) Is employer aware of RIDDOR? (Reporting of Injuries, Diseases & Dangerous Occurrences Reg's)	<input type="checkbox"/>	<input type="checkbox"/>		
e) Is employer aware of the need to notify the HSE of any accidents?	<input type="checkbox"/>	<input type="checkbox"/>		
<u>FIRE SAFETY ARRANGEMENTS:</u>				
a) Fire risk assessment carried out? (Required by Fire Precautions (Work Place) Regulations 1997)	<input type="checkbox"/>	<input type="checkbox"/>		
b) Fire evacuation procedures in place / displayed?	<input type="checkbox"/>	<input type="checkbox"/>		
c) Means of escape clearly marked and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>		
d) Adequate entries and exits?	<input type="checkbox"/>	<input type="checkbox"/>		
e) Fire-fighting equipment available?	<input type="checkbox"/>	<input type="checkbox"/>		
f) Fire safety equipment checked annually?	<input type="checkbox"/>	<input type="checkbox"/>		
<u>PERSONAL PROTECTIVE EQUIPMENT (PPE):</u>				
a) Will appropriate PPE be provided if required?	<input type="checkbox"/>	<input type="checkbox"/>		
b) Is the PPE adequately maintained by a competent person?	<input type="checkbox"/>	<input type="checkbox"/>		
<u>WORKING CONDITIONS AND FACILITIES:</u>				
a) Toilet, Washing and Restroom facilities available?	<input type="checkbox"/>	<input type="checkbox"/>		
b) Kitchen facilities and drinking water available?	<input type="checkbox"/>	<input type="checkbox"/>		
c) Adequate lighting, heating and ventilation?	<input type="checkbox"/>	<input type="checkbox"/>		
d) Adequate standard of housekeeping?	<input type="checkbox"/>	<input type="checkbox"/>		
e) Facilities and access for wheelchairs?	<input type="checkbox"/>	<input type="checkbox"/>		
f) Would you consider offering placements to other students?	<input type="checkbox"/>	<input type="checkbox"/>		
g) Would you consider offering placements to students with special needs or learning difficulties?	<input type="checkbox"/>	<input type="checkbox"/>		
<u>CHILD PROTECTION</u>				
a) Has child protection been discussed and information given?	<input type="checkbox"/>	<input type="checkbox"/>		
b) Is Criminal Records Bureau (CRB) checking required?	<input type="checkbox"/>	<input type="checkbox"/>		
<u>COUNTEC APPROVAL</u>				
Signed on behalf of Countec Education Business Partnership by:				
Signature:		Date:		
For Office Use Only:				
	Risk Assessment	Job Description	Agreement	ELI
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Added on Veryan by Date				