

WORKSITE FORM -TRAINEES

In accordance with the Codex - Book X – Title 4. - Protection of trainees

WORKSITE FORM -TRAINEE

Name generic risk analysis:

If individual RA: Calders, Bas

The worksite form is a result of the risk analysis of the trainee post and should be completed and signed before the start of the traineeship.

- *Based on the obtained information, the trainee is informed about the content of the tasks, the risks of the trainee post and the preventive measures that should be taken (including personal protective equipment and work clothing).*
- *This form is a document in which the training organization writes down health and safety information and communicates it to the trainee.*
- *This communication should be done both orally and in writing.*
- *In case of questions, problems or an accident, this information will serve as reference to determine whether the agreements have been followed and the actual tasks are in line with the agreed-upon assignment.*

All parties involved in the training agreement, must sign this document hereby indicating that, upon arrival, all necessary information was exchanged in order to complete the traineeship safely.

1. GENERAL INFORMATION ON THE TRAINEE

Trainee (Name-First name): Calders, Bas Phone:

Email: bas.calders@student.uantwerpen.be

Education: Ma IW: elektronica-ICT

Educational institution (if other than UAntwerp):

Starting date traineeship: 26.09.2022 Final date traineeship: 01.07.2023

Traineeship coordinator: Berkvens Rafael Phone: 0032651865

E-mail: rafael.berkvens@uantwerpen.be

Trainee-site:

2. THE TRAINEE DECLARES TO HAVE READ THE GUIDELINES AND TO RESPECT THEM

- ☐ Orientation brochure
- ☐ Emergency procedures
- ☐ Chemical safety guidelines
- ☐ Biosafety guidelines
- ☐ Radioprotection guidelines
- ☐ Machine safety guidelines
- ☐ Training for working at heights
- ☐ Guidelines of www.itg.be and www.diplomatie.Belgium.be (in case of a traineeship abroad)
- ☐ Other:

3. ALL PARTIES DECLARE TO HAVE TAKEN NOTE OF THE FOLLOWING INFORMATION

- ☐ Assigning a training supervisor
- ☐ Job description
- ☐ Risks of the worksite
- ☐ Preventive measures
- ☐ Health assessment form / proof of vaccinations (if required)
- ☐ Specific training requirements according to the risk analysis

4. DECLARATION (NAME/DATE/SIGNATURE)

Training organisation, Mentor

Trainee

Legal representative

(if trainee is < 18 years old)

Name: Berkvens Rafael

Name: Calders, Bas

Name:

Date:

Date: 9/11/2022

Date:

Signature:

Signature:



Signature:

This form is part of the traineeship documents. Ensure that these documents are delivered to the University of Antwerp as soon as possible via the agreed route.

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For more information, contact the University of Antwerp's Department for Health and Safety at Work, preventiedienst@uantwerpen.be or Lieve Op De Beeck, phone: +32 (0)3 265 25 82, lieve.opdebeeck@uantwerpen.be