|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Trainee Health & Safety Induction Checklist** | | | | | | |
| **The following items should be included in your induction into the organisation, preferably on your first day. Please check off each item when it occurs and inform your Fieldwork Consultant of any items not covered within one week of the start of your placement. This list is not exhaustive and other topics may be covered.** | | | | | | |
|  | **Arrangements** | | | **Included in induction?** | **Policies accessed?** |  |
|  | Confirmation of placement appointment | | | Y |  |  |
|  | Name of immediate supervisor (Fieldwork Consultant) | | | Y |  |  |
|  | Introduction to key members of staff and their roles explained | | | Y |  |  |
|  | Place of work, work space | | | Y |  |  |
|  | Location of welfare facilities: canteen, toilets, etc., and procedures/support for stress management | | | Y |  |  |
|  | Hours of work and work breaks (coffee / lunch arrangements) | | | Y |  |  |
|  | Dress code | | | Y |  |  |
|  | Transport / travel arrangements | | | Y |  |  |
|  | **Health & Safety issues** | | |  |  |  |
|  | Emergency procedures including fire alarms, fire drills, fire procedures and fire extinguishers | | | Y |  |  |
|  | First aid box and first aiders | | | Y |  |  |
|  | Accident reporting and recording systems | | | Y |  |  |
|  | Means of contact in case of emergency | | | Y |  |  |
|  | Training (e.g. for use of equipment) | | | Y |  |  |
|  | Procedures for recording and reporting whereabouts when engaged in off-site activities, including home visiting procedures | | | Y |  |  |
|  | Evidence of up to date risk assessment for your place of work and for all off-site settings in which work is carried out, e.g. schools | | | Y |  |  |
|  | Immunisation(s) required *(state which)* and infection control policy, including advice on avoidance of contracting infectious diseases | | | Y |  |  |
|  | Is aware of Local Authority safeguarding policy and procedures. Please identify the date of the next Safeguarding training in your Local Authority, which should be attended where possible | | | Y |  |  |
|  | Data Protection policy and procedures | | | Y |  |  |
|  | Policy and procedures for Serious Incidents | | | Y |  |  |
|  | other control measures: please specify any other arrangements for safe working and travel you have implemented: | | | Y |  |  |
|  | **Have you identified any risks that are not adequately controlled?** | **YES** |  | **Give details below** | |  |
|  | Action: | | | | |  |
|  | **Have you identified any risks that are not adequately controlled?** | **NO** | X | **Move to Declaration** | |  |

NAME OF SUPERVISOR SIGNATURE OF SUPERVISOR DATE

\_\_\_Jennifer Eyre\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_28/09/21\_\_\_\_\_\_\_\_\_

COURSE NAME OF STUDENT SIGNATURE OF STUDENT DATE

\_\_\_DEdPsy\_\_\_\_\_\_\_ \_\_Patrick Langford\_\_\_\_\_\_\_\_\_ \_\_\_\_\_A close up of a hanger

Description automatically generated\_\_\_\_\_\_\_\_\_\_ \_\_\_28/09/21\_\_\_\_\_\_\_\_\_