Sample risk assessment form:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Name of Young Person: |  | Age: | | Home Address: | | | | Business/Organisation Address: | | | |

I/we will ensure that:

* The work is within the young person’s physical or psychological capability
* Information on what to do in an emergency will be given i.e. fire procedures, first aid, accident reporting and other health and safety induction training
* Any specific risks will be brought to his/her attention
* Adequate supervision will be provided at all times
* Display screen equipment and manual handling training will be undertaken, and the appropriate risk assessments completed, if the young person is likely to undertake these types of duties
* Exposure to hazardous substances will be reduced or eliminated (e.g. care will be taken when replacing toner in photocopiers and printers)
* Any known physical needs have been/will be taken into account
* Colleagues will be made aware of his/her presence and reminded to keep a watchful eye over him/her and intervene if they feel safety is being compromised.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Significant hazards to which the Young Person may be exposed: | | | Action required: | | | Additional comments: | | | Risk assessment undertaken by Name (block capitals): | Signature:  Date: | |

# Sample confidentiality agreement

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Confidentiality Undertaking  To the provider of my work experience placement:  I recognise that during the period of my work placement at your workplace, confidential information relating to your business, its subsidiaries, holding companies and affiliates, clients and any third parties will come into my possession.  I accordingly agree that at all times during my work placement I shall treat all such information as confidential and at the end of my work placement I will not, whether alone or jointly with others, divulge, use or otherwise disseminate such information to any third party.  I acknowledge that this confidentiality restriction is reasonable and necessary for the protection of your business and its clients provided always that this undertaking shall not apply to such parts of the information as:   * Are or become publicly available otherwise than through any fault or action on my part * Were known by or made available to me on a non-confidential basis before being supplied to me in the course of my work placement * Becomes available to me on a non-confidential basis from a source which is not prohibited from disclosing that information to me by any contractual, legal or fiduciary obligation to you and/or * Are required by law, court order or any applicable regulatory body to be disclosed by me.   I agree to abide by all your relevant business policies as notified to me during my work placement.   |  |  |  | | --- | --- | --- | | Student’s signature: |  | Dated: | | Print name here: | | | | Company providing the work experience placement: | | | |

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