Employer Due Diligence (On Line)

Please complete the following compliance information:

COMPANY DETAILS

Name of Company:
Click or tap here to enter text.

Address where placement will take place:
Click or tap here to enter text.

Number of employees on site:
Click or tap here to enter text.

Main phone number:
Click or tap here to enter text.

Type of work carried out on site:
Click or tap here to enter text.

Site Manager name:
Click or tap here to enter text.

Site Manager Telephone number:
Click or tap here to enter text.

Site Manager Email address:
Click or tap here to enter text.

Site Health & Safety contact name:
Click or tap here to enter text.

Site H&S contact phone number:
Click or tap here to enter text.

Site H&S contact Email address:
Click or tap here to enter text.

Site Safeguarding contact name:
Click or tap here to enter text.

Site Safeguarding contact phone number:
Click or tap here to enter text.

Site Safeguarding contact Email address:
Click or tap here to enter text.

Site Placement supervisor name (if different from Manager):
Click or tap here to enter text.

Site Placement supervisor contact Telephone number:
Click or tap here to enter text.

Site Placement supervisor contact Email address:
Click or tap here to enter text.

INSURANCE DETAILS

Employer's insurance company Click or tap here to enter text.

Employer's Liability Insurance policy number Click or tap here to enter text.

Employers Liability Insurance expiry date: Click or tap to enter a date.

Risk rating:

☐ Low (e.g. Office, Retail, Library, School, Nursery)

☐ Medium (e.g. Care home, Nature reserve, Gym, Leisure Centre, Pharmacy, Animal Care, Hospital, Doctors Surgery)

☐ High (e.g. Manufacturing, Construction, Engineering, Agriculture sites, Factories, Labs)

Please provide details

Click or tap here to enter text.

Attach any Policy Document, Young Person Risk Assessment, and/or Additional Compliance notes as required

WEEKEND WORKING:

Will the placement(s) include any evenings and weekend working? If yes, please give details:

○ Yes

○ No

Please provide details:

Click or tap here to enter text.

If Yes - Have you considered your duty of care when working evenings and weekends? What controls are in place? Please give details:

○ Yes

○ No ○ N/A

Please provide details if answered Yes:

Click or tap here to enter text.

HEALTH & SAFETY POLICY

Do you have a health and safety policy?

○ Yes ○ No

Have you conducted any health and safety risk assessments?

○ Yes ○ No

If applicable, have you noted the significant findings from the health and safety risk assessment? (If you employ 5 or more people, by law you must record your significant findings)

○ Yes ○ No ○ N/A

Do you have the current health and safety law poster displayed on site?

○ Yes ○ No

Is there a clear commitment to health and safety, with the arrangements and responsibilities communicated to employees /learners?

○ Yes ○ No

Will you provide an induction where Health and Safety policies and procedures are explained to learners?

○ Yes ○ No

Do you review Health and Safety annually or when there are changes in the workplace, policies and procedures?

○ Yes ○ No

ACCIDENTS AND FIRST AID

Do you provide 'adequate and appropriate' first aid provision for the level of risk?

○ Yes ○ No

Do you provide 'adequate and appropriate' first aid provision for the level of risk?

○ Yes ○ No

Do you have a system in place to investigate accidents and take action to prevent recurrence?

○ Yes ○ No

Do you confirm that all legally reportable accidents, incidents or dangerous occurrences will be reported to the enforcing authority and the College and that they may be investigated? (RIDDOR)

○ Yes ○ No

FIRE AND EMERGENCIES

Do you have a means of raising the alarm and fire detection in place?

○ Yes ○ No

Is there an effective means of escape in place including unobstructed routes and exits?

○ Yes ○ No

Are the arrangements for fire safety communicated to employees and learners?

○ Yes ○ No

Have you undertaken and recorded Fire Risk Assessments as required by the Regulatory Reform (Fire Safety) 2005?

○ Yes ○ No

SAFE AND HEALTHY WORKING ENVIRONMENT

Are the site/premises (structure, fabric, fixtures, and fittings) safe and suitable (maintained and kept clean)?

◉ Yes ○ No

Is the temperature, lighting, space, ventilation, and noise satisfactorily controlled?

○ Yes ○ No

Do you adequately maintain all work equipment and electrical systems to ensure they meet all legal standards?

○ Yes ○ No

Have you assessed the risks from the use of work equipment at your site / premises?

○ Yes ○ No

Are there suitable control measures in place as determined through the risk assessment?

○ Yes ○ No

Are there any tools, equipment, substances, machinery, or processes that learners will be prohibited from using?

○ Yes ○ No

If yes, please give details:
Click or tap here to enter text.

TRAVEL AND ACCOMMODATION

Will accommodation be offered to learners in their employment/work experience? (This includes working away for short and temporary periods)

○ Yes ◉ No

Will learners be required to travel within an employer owned vehicle during their placement? If yes, can you confirm that the vehicle has Business Car Insurance and the driver has a valid driving license.

○ Yes ○ No

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Is appropriate PPE provided, free of charge, to employees/learners?

○ Yes ○ No ○ N/A

Is training and information on the safe use of PPE provided to all employees/learners?

○ Yes ○ No ○ N/A

Do you enforce the proper use and storage of PPE?

○ Yes ○ No ○ N/A

Is your PPE maintained and replaced?

○ Yes ○ No ○ N/A

SAFEGUARDING

Do you have appropriate HR procedures and policies in place for safeguarding?

○ Yes ○ No

Will you take into consideration the learners' age, possible inexperience, lack of awareness of risks, additional needs, disabilities, and or/medical conditions?

○ Yes ○ No

Where you have been advised of any additional support requirements, or vulnerabilities of learners, do you agree that the information will be shared sensitively with relevant staff?

○ Yes ○ No

Where learners will spend a significant time alone with any specific staff member, do you agree that DBS checks are being undertaken?

○ Yes ○ No

Should circumstances change and a DBS check is required at a later date, do you agree to notify the college with immediate effect?

○ Yes ○ No

Is there a known reason that learners will be working alongside anyone who should not be in contact with young people or vulnerable adults?

○ Yes ○ No

Do you confirm that in the event of any safeguarding concern, the named person with responsibility for safeguarding and child protection matters will email the college Safeguarding Team?

○ Yes ○ No

EMPLOYER SIGN OFF

Do you agree that the information in this document is up to date and factual to the best of your knowledge, and that the workplace is adequate to host a placement in the specified location?

○ Yes ○ No

Signed:

Date: