



Young Persons Risk Assessment

To ensure the safety and well-being of any young person (under the age of 18) we are obliged to complete the risk assessment with the relevant employer to guarantee maximum safety in the work placement. All parties are required to sign this document to confirm they are satisfied with the arrangements.

Should you have any questions regarding this form or the work placement generally, please contact Zodiac at the following address:

Zodiac Training Ltd

The Learning Centre, The Avenues, Team Valley, Gateshead, Tyne & Wear,
NE11 0NJ

Tel: 0845 330 8184 Fax: 0845 345 5457 Email: enquiries@zodiactraining.co.uk

Young Person Details

Name: _____ Date of Birth: _____

Address: _____ Tel no: _____

Parent/Guardian Name: _____

School Details

Name: _____ Tel: _____

Address: _____ Contact Person: _____

Placement Details

Company Name: _____ Type of Business: _____

Contact Person: _____ Address: _____

Tel: _____

1. Activities the young person will be involved in.

2. Risks/Hazards associated with activities. (please circle)

Slips, trips, falls	Falls from height	Health/Environment
Manual handling	Machinery/Equipment	Noise/Vibration
Electrical	Hazardous substances	Moving vehicles
Fire		

Please note any other risks/ hazards not listed.

3. Control Measures

- A .Existing /Specific

- B Supervision Arrangements

- C Personal Protective Equipment / Clothing required

- D Prohibited Activities

3. Additional Information

- A Notification of learner absence

 - B Arrangements for supervision during break times

 - C CRB checks
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4. Authorisation

I agree to ensure that the work placement is a safe environment in terms of the health, safety and welfare of the young person and am aware of my responsibility.

Employer Signature **Date**

I have read and agree to give my consent to the commencement of the work placement. I am satisfied the relevant health, safety and welfare arrangements are in place.

Young Person Signature