

App vii Work Experience Safeguarding Risk Assessment

This assessment must be conducted with HR, the Work Experience Supervisor and/or Head of Department and the school. This assessment relates to Work Experience of students who are **17 years and younger**.

Name of Work Experience Supervisor:	
Department:	
Name of Student:	
Date of Birth of Student:	
Phone Number of Student	
Email address of student	
Name of School:	
Named school contact:	
Phone number of named school contact	
Email address of named school contact	
Name of contact to be used out of school hours - parent or carer:	
Phone number of contact to be used out school of hours	
Email address of contact to be used out of school hours	
Does the school have written confirmation of parental consent to the Work Experience placement?	Yes/No (Delete as appropriate)
Does the school have a copy of the consent?	Yes/No (Delete as appropriate)
Does the Cathedral have a copy of the consent?	Yes/No (Delete as appropriate)

Are there any health concerns that will impact upon the student's ability to carry out Work Experience in the requested Department?

Please provide details.

Are there any special needs that the student has that the Cathedral should be aware of? Examples might relate to diet, physical disability or learning difficulty. Please provide details.

Are there any child protection concerns that the Cathedral needs to be made aware of? Examples might relate to restricted contact with named persons, concerns about gang or criminal exploitation, or sexual exploitation.

Are there any restrictions on the young person's digital image or photograph being captured? This may be the case if there are current Court proceedings relating to the young person, or a Court Order is in place.

Please give details.

Does the Cathedral Safeguarding Advisor need to be consulted or informed?

If the work experience student is aged 16/17yrs, is there any reason they cannot be alone for short periods of time within the Cathedral and its environs (for example, running errands for their supervisor, eating lunch)?

Yes/No (please delete as appropriate)

Date Work Experience will start:

Date Work Experience will end:

Date of halfway meeting with school and review (to be agreed at the assessment meeting):

Name of St Pauls staff member completing this assessment.....

Signature of St Pauls staff member completing this assessment.....

Name of HR staff member present at assessment.....

Name of School contact present at assessment

Signature of School contact present at assessment.....

Signature of Work Experience Student.....

Created May 2021