

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 vulnerable adult's carer/supporter/advocate if they have one. This assessment relates to Work Experience of students who are **18yrs and over and who have a vulnerability**, i.e. a physical disability, learning difficulty or mental illness.

Name of Work Experience Supervisor:	
Department:	
Name of Student:	
Name of carer/supporter/advocate:	
Carer/supporter/advocate's contact:	
Name of second contact:	
Second contact's details:	
<p>Does the work experience student have the capacity to consent to this placement?</p> <p>If no, give details of person who has given consent.</p>	<p>Yes/No (Delete as appropriate)</p>
<p>Are there any health concerns that will impact upon the student's ability to carry out Work Experience in the requested Department?</p> <p>Please provide details.</p>	
<p>Are there any additional special needs that the student has that the Cathedral should be aware of? Examples might relate to diet or mobility challenges. Please provide details.</p>	

Are there any adult protection concerns that the Cathedral needs to be made aware of? For example, are there any named persons with whom the student should not have contact?

Please give details.

Date Work Experience will start:	
Date Work Experience will end:	
Date of halfway meeting with student and carer/supporter/advocate and review (to be agreed at the assessment meeting):	

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