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| Department: | |
| **PART A – GENERAL ASSESSMENT OF ACTIVITIES OF YOUNG PERSONS** | |
| What activities will the young person be carrying out?  (List tasks, including any machinery and substances used.) |  |
| Have these activities been risk assessed? |  |
| Are all control measures in place? |  |
| List any control measures in place specifically for the Young Person | 1. **Young Person To Be Accompanied At All Times** 2. **Regular Meetings To Be Held With The Young Person** |
| Are there any hazards that present additional risks to a young or inexperienced person? |  |
| List any additional control measures required below. |  |
| List any tasks that the young persons will NOT be permitted to carry out. |  |

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| Assessor(s) name: | Assessor(s) signature: | Date: |
| The Line Manager should sign below to show that the assessment is a correct and reasonable reflection of the hazards and of the control measures and actions required. | | |
| Line Managers name: | Line Managers signature: | Date: |

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| PART B – SPECIFIC ASSESSMENT OF INDIVIDUAL YOUNG PERSON | | | | | |
| **Name of young person:** | | **Age:** | **Address and phone number:** | | **Name(s) of parent/guardian:** |
| **If the young person is below Minimum School Leaving Age information on the hazards involved in their work must be provided to parent/guardian.** | | | | | |
| **Is the individual: (Please tick)** | * **An employee** * **Employee on training (e.g. modern apprentice)** * **On work placement/experience.** | | | **Name of placement organiser: (Including contact name.)**  **Phone number:** | |

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| **Will all control measures in place for other employees be in place for this individual?** | **List any control measures that will not be in place. (E.g. Training, Personal Protective Equipment, etc.)** |
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| **Has any information on medical conditions or disabilities been provided? (List below.)** | **List any additional control measures required below. (Including any further tasks that this young person will not be permitted to carry out.)** |
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| **Name of individual who will be accompanying the young person:  (A copy of Parts A and B must be provided)** |

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| Assessor(s) name: | Assessor(s) signature: | Date: |
| The Line Manager should sign below to show that the assessment is a correct and reasonable reflection of the hazards and of the control measures and actions required. | | |
| Line Manager name: | Line Manager signature: | Date: |
| The person accompanying the Young Person should sign below to show that the assessment is a correct and reasonable reflection of the hazards and of the control measures and actions required | | |
| Accompanying Person Name: | Accompanying Person Signature: | Date: |