##### Health and Safety Assurance Questionnaire for Students and University Staff on Non-UK Placements

### Purpose of this questionnaire

The University of Greenwich seeks assurance, from organisations where our staff and students are located, that suitable and sufficient health and safety arrangements are in place. The University requires this questionnaire to be completed and returned as part of this assurance.

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| --- | --- | --- | --- | --- | --- | --- |
| Organisation name: |  | | | | | |
| Address: |  | | | | | |
|  | | | | | |
| Contact name and position held: |  | | | | | |
| Contact details: | Phone |  | Mobile |  | Email |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | | **No** | | **N/A** | |
| 1. **Policy:**   Does the Organisation have a written Health and Safety Policy if this is required in your country? |  | |  | |  | |
| 1. **Training:**   If appropriate, does the Organisation have procedures regarding health and safety training for the placement student or University staff? |  | |  | |  | |
| 1. **Insurance:**   Is a suitable insurance policy in place for placement students and University staff? |  | |  | |  | |
| 1. **Risk Assessment**   Does the Organisation carry out assessments to identify risks within your undertaking? |  | |  | |  | |
| 1. **Accidents and Incidents**   Is there an accident and incident reporting procedure? |  | |  | |  | |
| *Please report all recorded accidents involving placement students or staff to the University of Greenwich* | | | | | | |

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| Organisation Stamp: |  | | |
| Signed: |  | Date: |  |

### Thank you for completing the questionnaire. Please return it as soon as possible to:

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| Placement Officer: |  | Address: |  |

**Any other relevant information:**

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