



ORGANISATION/PLACEMENT DETAILS

(Please ensure that all placement/contact details and sections 1 to 7 are completed)

Placement/Project Name:	
Full Postal Address:	
Post Code:	Telephone Number:
Contact Name:	Position:

1. Does your organisation have:-

Health & Safety policy? YES/NO

Equal Opportunities and Diversity Policy? YES/NO

Child Protection Policy and Procedures YES/NO

Complaints Policy and Procedure. YES/NO

CRB Policy for Staff and Volunteers YES/NO

Certificate of public and employers liability insurance that covers young people in all their activities with you? YES/NO

Insurance Company:_____ Cert. No.:_____

Competent person who carries out and documents regular risk assessments of work environment? YES/NO

2. Are CRB checks required YES/NO

3. Could you support volunteers with special needs or disabilities? . . . YES/NO
Please give relevant details.

4. Do you provide training or expenses for volunteers?
 If YES, please give details.

5. How are volunteers supervised and supported?

6. Main opportunities for volunteers.

Please give a brief description on types of duties that are available.

Placement Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Title						
Duties						
Number of Placements		Type (Circle)	Short Term (Taster)	Part Time	Full Time	
Title						
Duties						
Number of Placements		Type (Circle)	Short Term (Taster)	Part Time	Full Time	
Title						
Duties						
Number of Placements		Type (Circle)	Short Term (Taster)	Part Time	Full Time	
Title						
Duties						
Number of Placements		Type (Circle)	Short Term (Taster)	Part Time	Full Time	

7. Health & Safety Check List

Please complete all of the boxes.

If a response is "NO" please give a detailed reason/explanation in the appropriate box.

	YES	NO	Comments/Name
Induction or Introduction?			
Appropriate level of First Aid facilities? <ul style="list-style-type: none"> • a suitably stocked first aid box • an appointed person to take charge of first aid arrangements • provision at all times when people are working. 			
System for reporting accidents?			
Fire drill/emergency procedure displayed & fire extinguishers available/regular tested?			
Written safe systems of work (Risk Assessments)?			
H&S training for volunteers?			
Areas or equipment prohibited to Volunteers?			
Portable electrical equipment tested?			
Safe storage for hazardous material or equipment?			
Necessary protective clothing provided?			
Acceptable noise level? (Under 55 dB)			
Acceptable working temperature? (At least 16 degrees unless the work involves physical effort)			
Toilets?			
Drink making facilities?			

I confirm that the above information is to the best of my knowledge accurate, and will inform the involved team of any changes that occur.

Signed for the organisation _____ Date _____

Please print your name _____

Position in the organisation _____

Thank you for your time

Signed for Staffordshire involved _____ Date _____

Please print your name _____