



## HEALTH AND SAFETY AGREEMENT

The Employer is aware of their responsibilities under the Health and Safety at Work Act 2015. It specifically mentions people who are in a workplace for work experience or on the job training. They are entitled to be treated for safety purposes as if they were employees. This means that they have the same rights and responsibilities as any other employee.

### Employer Health and Safety Checklist

- First Aid facilities available for student
  - Yes                       No
- Potential hazards in the workplace have been identified by the employer
  - Yes                       No
- The Employer is aware of the need to identify and discuss hazards with the student before work commences
  - Yes                       No
- Appropriate signs are provided around dangerous areas
  - Yes                       No
- The student will be adequately supervised by an appropriately experienced employee at all times
  - Yes                       No
- A specific person will be designated to inform the student of potential hazards and other health and safety requirements and explain emergency / evacuation procedures.
  - Yes                       No
- The student will have access to adequate protective clothing and safety equipment.
  - Yes                       No

Protective Clothing & Equipment Required	Provided by (School/Employer)

The School/Tertiary Provider requires potential employers or workplace hosts and supervisors to declare that the environment is safe.

The School/Tertiary Provider and the Employer will inform and reiterate to the student his/her responsibilities under the Health and Safety at Work Act to take reasonable care of his/her own health and safety and that others are not harmed by something they do or don't do. The student must also follow any reasonable instructions given to them by the employer, and cooperate with any reasonable health and safety policy or procedure.

### Employer/Representative

Name: ..... Signature: .....

Date: .....

### School/Tertiary Education Provider Workplace Coordinator

Name: ..... Signature: .....

Date: .....