



**Coventry and  
Warwickshire**  
Integrated Care Board

# Work Experience Policy

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#### VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.

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## 1. Introduction

- 1.1 This policy covers NHS Coventry and Warwickshire Integrated Care Board “the ICB”.
- 1.2 The ICB recognises that Work Experience is an important element in helping individuals to make appropriate career choices. The ICB supports this concept and wishes to play its part in attracting new recruits to the NHS through offering individuals, school and college students, who may be considering a career in the NHS, placements tailored to their needs.
- 1.3 Placements provide a valuable means of raising the community profile of the ICB and help to create a positive image amongst students, teachers, parents, employees and the wider community.
- 1.4 The aim of this policy is to outline the procedure the ICB must follow when offering work experience.

## 2. Scope

- 2.1 This policy applies to all staff and all categories of work experience. Failure to follow this policy correctly when a placement is requested could put both the student and the ICB at risk.
- 2.2 The ICB has put in place the following age restrictions regarding placements. These restrictions are to protect students from inappropriate placements, where they may not be able to cope with the physical or emotional elements of the placement. “Students aged 14 - 16 will be restricted to placements within administrative and clerical areas only.” Children under 13 are generally prohibited from any form of employment.
- 2.3 Due to the sensitive nature of work undertaken in clinical departments and with particular regard to protecting service users’ confidentiality and ensuring the safety of the individual undertaking work experience, work experience placements or observations within clinical areas need to be assessed with care and some may be considered inappropriate for people under the age of 18. If a manager feels their area of work is not suitable for people under the age of 18 then they can reject any requests they receive for work experience

## 3. Definitions

- 3.1 Young Person: anyone under 18 years old.
- 3.2 Child: anyone who has not yet reached the official minimum school leaving age (MSLA). Pupils reach MSLA in the school year in which they turn 16.
- 3.3 Work experience: for the purposes of this policy as a time limited work placement with the ICB’s, typically a maximum period of 2 weeks and generally a working pattern of Monday to Friday. In exceptional circumstances some work experience placements may be for a prolonged period, for example, 2 days per week over 6 months.

## 4. Principles

### 1.1 Work Experience

- is usually undertaken through observation of work practice by qualified staff.
- Work experience is undertaken as a voluntary activity. Therefore, the individual is not considered an employee or worker and receives no pay.
- Anyone undertaking work experience is entitled to the same rights of protection regarding health and safety as any member of the public entering the ICB's premises.
- If a number of students wish to undertake a placement within the same area, a selection process may take place. An area must only have one student on placement at a time.

### 1.2 Work Place Risk Assessment

- Managers will be responsible for ensuring that appropriate safeguards and controls are put in place to ensure the health and safety of all individuals undertaking work experience within the ICB. In addition, the manager must ensure that individuals undertaking a work experience are aware of the risks.

### 1.3 Activity Suitability

The following activities are suitable for students:

- Attending staff training sessions.
- Work handover.
- Helping with errands e.g. visit another department / organisation.
- Observation of meetings / interviews.
- Helping with photocopying.
- Helping with filing.
- Answering the telephone (with clear guidance).
- Greeting visitors / clients.
- Supervised project work.
- Attending meetings.

All activities must be undertaken with clear guidance and supervision.

### 1.4 Unsuitable Activities include:

- Activities students must not be involved in:
- Any activities for which specialised training is required i.e. Manual Handling.
- Any activity involving contact with clinical waste products / by-products.
- Any activity which may jeopardise the safety of patients or students.
- Inappropriate or unsupervised access to patients' Medical Records / staff records.
- Inappropriate or unsupervised access to computers.
- Any unsupervised contact with patients.

## **1.5 Pre-Placement Checks**

- The NHS Employment Check Standards are not applicable to short-term work experiences outlined within the scope of this policy, however the ICB require the following to be undertaken in order to ensure, staff, patient and public safety, as well as the health and safety of all work experience student themselves:
  - Completed application form
  - ID documents to confirm their identity.
  - Student specific placement risk assessment.
- It is not necessary to complete a Disclosure and Barring Service (DBS) check for work experience placements whose work experience placement is lasting less than two weeks. However; the individual should not be left unsupervised at any time during their placement.
- If the work experience placement is longer than two weeks and/or the placement involves access to patients and service users which would be unsupervised a DBS check should be undertaken, however DBS checks on individuals under 18 will provide limited information due to their age. DBS checks cannot be undertaken on children under 16.

## **1.6 Occupational Health (OH)**

- The ICB's Occupational Health (OH) provider can assess the individual's fitness to undertake the duties. Advice would normally only be sought in the following instances:
  - a) the placement is for a prolonged period.
  - b) a disability or infectious disease was declared on the application.
  - c) a concern was noted on the Student specific placement risk assessment.
- Reasonable adjustments should be made so that students with a disability are able to participate fully in work experience opportunities within the ICB.

## **1.7 Training, Supervision and Review**

- All individuals on a work placement should be assigned a named contact person by the manager of the area they are working in to provide constant supervision, support and regular reviews including praise for achievement and feedback on areas for improvement.
- The Manager/Supervisor should ensure a local induction is provided on the first day of an individual's work placement.

## **1.8 Insurance Cover**

- Individuals participating in work experience are covered by the Employers Liability Insurance.

## **1.9 Equality**

- In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.
- This policy has been reviewed in relation to having due regard to the Public Sector Equality Duty (PSED) of the Equality Act 2010 to eliminate discrimination, harassment, victimisation; to advance equality of opportunity; and foster good relations. Due regard to the protected characteristics has been given that comprises two linked elements: proportionality and relevance. The weight given to equality should therefore be proportionate to its relevance to a particular function. It should also be noted that there will be policies/proposals that have no impact and little relevance to equality. This policy is specific to a target group defined in the eligibility criteria specifically women who are pregnant.

## **1.10 Monitoring and Review**

- This policy and procedure will be reviewed periodically by Human Resources in conjunction with operational managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.
- Implementation and operation of this policy will be monitored on an annual basis by the ICB Leadership Team. It will also be assessed on an ongoing basis as part of the monthly review of performance of ICBs and the annual governance review of ICBs undertaken by the NHS England ICB Transition team.

## **1.11 Data Protection**

- In applying this policy, the ICB will have due regard for the Data Protection Act 2018 and the requirement to process personal data fairly and lawfully and in accordance with the data protection principles. Data Subject Rights and freedoms will be respected and measures will be in place to enable employees to exercise those rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal information. Employees will have access to a Data Protection Officer for advice in relation to the processing of their personal information and data protection issues.

# **5. Responsibilities**

## **5.1 Line Manager Responsibilities:**

- Read and adhere with this policy and the procedure within, seeking advice where appropriate before agreeing to any requests for work experience.



- Ensure that the work environment is suitable for work experience and give consideration the activities, and their appropriateness, which can be undertake by the student prior to agreeing any placement.
- Ensure all necessary paperwork and pre-placement checks are completed as required.
- Ensure that the student is supported and supervised to ensure a positive work experience.
- Be responsible for ensuring that appropriate safeguards and controls are put in place to ensure the health and safety of all individuals undertaking work experience within the ICB. In addition, the manager must ensure that individuals undertaking a work experience are aware of the risks.

## **5.2 Student Responsibilities:**

- Complete the application, satisfy pre-placement check requirements and return the agreement for unpaid work experience prior to commencement of the placement.
- Follow ICB policies and procedures applicable to them. (Any issues of inappropriate behaviour will be reported to the student's School / College or parents. In the event of serious misconduct, the student's placement will be terminated.)

## **5.3 Human Resources Responsibilities:**

- Provide training and support to Line Managers in the implementation and application of this policy.

# **6. Procedure**

## **6.1 Procedure for Dealing with Requests**

- The department/Line Manager is free to make their own decision on whether work experience, shadowing or observation can be accommodated, however, the ICB actively encourages Managers to support service user work placement requests where appropriate.
- It is advised that all prospective work experience, shadowing and observation candidates are interviewed before the work experience placement start date and it is the manager's responsibility to arrange this. This will identify the individual's prior experience and desired learning outcomes.
- All work experience candidates should then be asked to complete an Application Form prior to undertaking their work placement (Annex A).
- Once the application is received the manager should ensure they undertake a risk assessment and will need to complete and retain a risk assessment form (Annex B) in advance of the work experience placement start date.
- Once all pre-placement checks are completed satisfactorily; a confirmation letter and workplace agreement (Annex C & D), should be sent to the student for completion.
- It is advised that Managers formulate tailored programmes with identified learning opportunities and experiences before the work placement commences

(Annex E). To assist with this a timetable should be created which will ensure that both the supervisor and the work experience candidate are aware what the placement will involve.

- Whilst the need for flexibility is understood the timetable should be adhered to as close as possible and any changes should benefit the learning experience.
- On the first day of the placement the Manager must ensure a record of local induction (Annex F) is carried out before they commence work for the first time. The Induction Checklist should be signed by the manager and the individual and retained by the manager/supervisor with the individual's paperwork relating to the work experience placement.

## **6.2 Management of the Student placement**

- Managers should ensure that all staff within their team are clear about the role of the individual undertaking the work experience placement and foster good working relationships with them.
- The standards of care and conduct of work experience candidates should be the same high quality as staff.
- The Manager should ensure that individuals on work experience placement receive detailed information about their work area and their responsibilities to the ICB.
- The Manager should provide individuals on work experience placement with a local induction and the required training in the specific tasks to be undertaken.
- The Manager must ensure that individuals on work experience placement have a clear understanding of the duties of care and confidentiality attached to working in a healthcare environment and that they have the necessary levels of supervision if required.
- Students undertaking work experience may be asked to keep a written journal or diary during their work experience. It is recommended that time is built into their timetable for this. Journal writing must be reviewed by the Line Manager, to ensure data protection and patient confidentiality.
- The Manager may wish to appoint another member of staff within the area of work to act as a supervisor. This person will have delegated responsibility for the work experience placement individual in particular regard to supervision on a daily basis and will be responsible for providing support and guidance.
- Any accident or incident involving an individual on work experience should be reported to the Manager who should follow the ICB's reporting process and inform the individual's emergency contact, albeit a parent or a school or college contact whichever is applicable.
- When the individual starts their work experience placement, they must be taken through the placement agreement (terms and conditions) with particular emphasis on confidentiality and personal boundaries. A confirmation letter and

Agreement will be sent to work experience candidates by the Manager/Supervisor prior to them commencing.

- The Manager will be responsible for notifying parents (if individuals are under the age of 18), educational establishments (if applicable) and the individual if problems arise that cannot be dealt with, e.g. discipline, or if they wish to terminate a placement during or in advance of the expected date of termination.
- It is the responsibility of the Manager to ensure that the requirements of Health and Safety legislation and ICB Policy on this subject are satisfied.

### **6.3 Work Experience Candidate Responsibilities**

- Work Experience candidates need to give the ICB at least one month's notice before they wish to start a placement by submitting their application form (Annex A).
- All those undertaking work experience are required to wear suitable clothing and footwear for the work situation and be neat and tidy at all times.
- It is the responsibility of the individual to notify the area to which they are allocated, if they are unable to attend.
- Individuals undertaking work experience should always report on and off duty on each occasion to the appropriate Manager/Supervisor.
- Individuals are expected to hold in confidence any information about the employer, staff or patients which they may obtain during the work experience period. It is also important that this confidence is maintained after the placement has ended.
- Individuals must be aware of their own personal boundaries and must always alert the appropriate manager if a client or patient is known to them.
- Every workplace has its own hazards and all individuals undertaking work experience are expected to act responsibly at all times and take care not to expose themselves or others to risks. Individuals should not operate machinery and should not attempt to lift heavy or awkward objects.
- Any individual undertaking work experience that is arrested on any charge or served with a summons on a criminal charge must inform their Manager/Supervisor immediately. The ICB reserves the right to terminate the work experience placement agreement immediately.
- Individuals on work experience are expected to inform their manager immediately if they sustain an injury at work, they should also inform their Manager/Supervisor if they feel unwell at any time during the placement.
- Individuals are expected to sign a confirmation letter and work experience placement agreement issued by the Manager/Supervisor in advance of the work placement starting.

- Students must follow the work experience agreement and may be asked to leave the placement if they fail to do so.

#### **6.4 Termination of agreement**

- When the individual on work experience placement leaves it is important to ensure all Trust property is returned. If the individual has been given IT access, the IT department should be asked to close down their account on leaving.
- The Manager should ask the student to complete an evaluation form (Annex G)
- The manager will usually be asked to provide a written reference for the work experience candidate at the end of the placement, this should be provided in a timely manner.
- Certificates can be completed by the Line Manager if requested following the placement (Annex H)

## Annex A: Application for Work Experience.

Please Note: Work Experience includes work shadowing and observation. If you are offered a work placement you will be expected to sign an Agreement for Unpaid Work Experience and comply with the terms of this Agreement.

### Personal Details of Applicant

<b>Surname</b>		
<b>First Name(s)</b>		
<b>Date of Birth:</b>		
<b>Correspondence Address:</b>	First Line	
	Second Line	
	City	
	Postcode	
<b>Email Address:</b>		
<b>Telephone Number:</b>		

### Training & Education Provider Details (School/College/University)

<b>Name of Provider:</b>		
<b>Address Provider:</b>	First Line	
	Second Line	
	City	
	Postcode	
<b>Education Level/Course Name:</b>		
<b>Education Provider Contact Name:</b>		
<b>Education Provider Contact Tel:</b>		

**Details of Work Experience Request:**

<b>Duration Required:</b>	
<b>Business Directorate of Interest:</b>	
<b>Specific areas of interest:</b>	
<b>Type of tasks/exposure expected:</b>	

**Please provide information in support of your application, including your career aspirations and why you wish to undertake work experience in the ICB.**

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**Previous Work Experience or Employment:**

Using the table below, please give details of any previous paid or voluntary work you have had or clubs or societies you belong to: (E.g. Red Cross / St John Ambulance / Scouts / Guides / Duke of Edinburgh Awards)

<b>Organisation Name</b>	<b>Dates (From - To)</b>	<b>Job Description / Main Activities etc</b>

**Health Questionnaire**

<b>Do you have an infectious disease which may affect others?</b> (E.g. TB, HIV, Hepatitis C, Malaria or other)	<input type="checkbox"/> No <input type="checkbox"/> Yes
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**If yes, please provide details below.** Occupational Health Advice will need to be sought before a placement can be confirmed.

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<b>Do you have any medical or health-related problems we should be aware of?</b> (E.g. diabetes, asthma, epilepsy, latex or other allergy).	<input type="checkbox"/> No <input type="checkbox"/> Yes
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**If yes, please provide details below.** The ICB will need can ensure reasonable adjustments can be accommodated before a placement can be confirmed.

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**Emergency Contact Details:**

Please give details of who to contact in an emergency during your work placement.

<b>Surname</b>		
<b>First Name(s)</b>		
<b>Relationship to Applicant:</b>		
<b>Correspondence Address:</b>	First Line	
	Second Line	
	City	
	Postcode	
<b>Email Address:</b>		
<b>Telephone Number(s):</b>	Home	
	Work	

	Mobile	
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### **Student, Parent and Teacher Agreement to ICB Requirements**

The ICB is committed to ensuring the Health, Safety and Welfare of its employees. You have the responsibility to learn the safety rules of the work place, to follow these rules and to make use of facilities and equipment provided for your safety. It is essential that all accidents and near misses, however minor, are reported.

Please note that there is a No Smoking Policy covering all buildings and grounds and that there are security arrangements for most locations.

The ICB is committed to equal opportunities and will not discriminate on the grounds of age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

There will normally be no payment for meals or travelling expenses.

I have read and understood the above requirements

<b>Student Signature:</b>	
<b>Student Name (PRINT):</b>	
<b>Date:</b>	

Parent / Guardian (If under 18 years old):

I have read the work experience / observation programme information and understood the requirements. I will ensure the student carries out these obligations.

I give permission for my child to attend work experience within the ICB.

<b>Parent/Guardian Signature:</b>	
<b>Parent/Guardian Name (PRINT):</b>	
<b>Date:</b>	

**School Careers Advisor (if under 18 years old):**

I have read the work experience / observation programme information and understood the requirements. I will ensure the student carries out these obligations.

I give permission for this student to attend work experience within the ICB. I have read the work experience programme information. I confirm that they are currently studying with the Training & Education Provider detailed within the application form above.

<b>Careers Advisor Signature:</b>	
<b>Careers Advisor Name (PRINT):</b>	



<b>School College Name:</b>	
<b>Date:</b>	

## Monitoring Information

The ICB is committed to promoting equality of opportunity in all aspects of employment, by identifying and removing barriers in our practices. Completing this monitoring form will help us achieve this, and also help the ICB meet our obligations under the Equality Act 2010.

While it is voluntary to disclose this information, doing so will enable us to better understand the composition of our workforce/student body and examine our practices fully.

Your answers will be treated in the strictest confidence, and all data disclosed will comply with the Data Protection Act 1998. It will in no way affect the consideration of your application for work experience placement.

### Disability:

You are disabled under the Equality Act 2010 if you: “have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.”

<b>Do you consider yourself disabled?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to say
<b>If yes, please provide details below.</b> Reasonable adjustments will be made so that students with a disability are able to participate fully in work experience.	

### Ethnicity:

Ethnic group is about the group to which you perceive you belong. Please select as appropriate from the list below:

<input type="checkbox"/>	White - British	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	White - Irish	<input type="checkbox"/>	Other Asian background
<input type="checkbox"/>	Gypsy or Traveller	<input type="checkbox"/>	Mixed - White and Black Caribbean
<input type="checkbox"/>	Other White background	<input type="checkbox"/>	Mixed - White and Black African
<input type="checkbox"/>	Black or Black British - Caribbean	<input type="checkbox"/>	Mixed - White and Asian
<input type="checkbox"/>	Black or Black British - African	<input type="checkbox"/>	Other mixed background
<input type="checkbox"/>	Other Black background	<input type="checkbox"/>	Arab
<input type="checkbox"/>	Asian or Asian British - Indian	<input type="checkbox"/>	Other ethnic background
<input type="checkbox"/>	Asian or Asian British - Pakistani	<input type="checkbox"/>	Not known

<input type="checkbox"/>	Asian or Asian British - Bangladeshi	<input type="checkbox"/>	Prefer not to say
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**Gender reassignment:**

<b>Does your gender identity match your sex as registered at birth?</b>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Prefer not to say

**Religion and belief:**

<b>Do you have a religion or belief?</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>If yes, please select as appropriate from the list below:</b>			
<input type="checkbox"/>	No religion	<input type="checkbox"/>	Christian - Other denomination
<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Hindu
<input type="checkbox"/>	Christian	<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Christian - Church of Scotland	<input type="checkbox"/>	Muslim
<input type="checkbox"/>	Christian - Roman Catholic	<input type="checkbox"/>	Sikh
<input type="checkbox"/>	Christian - Presbyterian Church in Ireland	<input type="checkbox"/>	Spiritual
<input type="checkbox"/>	Christian - Church of Ireland	<input type="checkbox"/>	Any other religion or belief
<input type="checkbox"/>	Christian - Methodist Church in Ireland	<input type="checkbox"/>	Prefer not to say

**Sex:**

Please note that the HMRC require employers to gather data on employees' sex. For this reason, we are required to ask the following question and offer two response options only.

<b>What is your sex?</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
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**Sexual orientation:**

What is your sexual orientation?

<input type="checkbox"/>	Asexual	<input type="checkbox"/>	Heterosexual/straight
<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Other

<input type="checkbox"/>	Gay Man	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Gay woman/lesbian	<input type="checkbox"/>	

## Annex B: Risk Assessment.

Under the Management of Health and Safety at Work Regulations 1999, an employer has a responsibility to ensure that young people employed by them are not exposed to risk due to:

- lack of experience
- being unaware of existing or potential risks and/or
- lack of maturity

Full guidelines on the employment of people under the age of 18 can be found on the Health and Safety Executive website: [www.hse.gov.uk/youngpeople](http://www.hse.gov.uk/youngpeople)

Whilst the ICB's Health and Safety Risk Assessments have already assessed with Young People in mind, it is important that potential placement managers take the time to understand the risks and any extra measures that may need to be put in place for the purpose of the placement by using this form and requesting advice where indicated.

This risk assessment will be used to determine whether a student should be prohibited from certain activities or if offer of a work experience placement must not be withdrawn.

<b>Position:</b>	
<b>Placement Department / Team:</b>	
<b>Age of Work Experience Candidate:</b>	

<b>This job may involve: (Please tick all appropriate boxes)</b>	
• Driving/Travel	<input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, contact H&amp;S Dept for advice.</b>
• Exposure Prone Procedures	<input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, contact H&amp;S Dept for advice.</b>
• Exposure to Challenging Behaviour	<input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, contact H&amp;S Dept for advice.</b>
• Exposure to Noise	<input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, contact H&amp;S Dept for advice.</b>
• Exposure to vibrations	<input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, contact H&amp;S Dept for advice.</b>
• Food Handling/Preparation	<input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, contact H&amp;S Dept for advice.</b>
• Manual Handling of 10kgs or more	<input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, contact H&amp;S Dept for advice.</b>
• Patient Contact	<input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, contact H&amp;S Dept for advice.</b>
• Use of Display Screen Equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes

• Use of Harmful Substances	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact H&S Dept for advice.
• Use of Machinery or Plant Equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact H&S Dept for advice.
• Use of Personal Protective Equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact H&S Dept for advice.
• Use of Pressurised Equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact H&S Dept for advice.
• Use of Radiations	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact H&S Dept for advice.
• Working at Height	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact H&S Dept for advice.
• Working in Confined Spaces	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact H&S Dept for advice.
• Working Nights	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact H&S Dept for advice.

**Please state here any advice or concerns raised from undertaking this risk assessment:**

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<b>Manager Name:</b>	
<b>Job Title &amp; Contact Number:</b>	
<b>Date:</b>	

## **Annex C: Letter for Work Experience.**

This letter should be sent on letter headed template.

### **Subject: Confirmation of Work Experience Placement**

Dear [NAME]

I am writing to confirm your work placement at [ NHS (ICB).

<b>Position:</b>	
<b>Placement Department / Team:</b>	
<b>Placement Dates:</b>	

Before your placement starts you will need to contact [name and telephone number] to agree where and who you report to on your first day and during the rest of your placement.

You need to read and complete the attached Agreement for Unpaid Work (two copies, one to be kept by you, the other to be returned in the envelope provided to me at the above address).

Yours sincerely,

**MANAGER NAME**  
**Job Title**

## Annex D: Agreement for Unpaid Work Experience or Other Placement.

<b>Students Surname:</b>	
<b>Students First Name(s):</b>	

<b>Position:</b>				
<b>Placement Department / Team:</b>				
<b>Placement Dates:</b>	From:		Until:	

You are undertaking a period of work experience at the ICB. The work of the ICB involves health and safety critical environments and also, in its dealings with the public, the handling of highly sensitive and confidential information. For these reasons, it is necessary to ask you to sign this document, to ensure you act appropriately within the ICB and respect ICB staff and patients.

The ICB requires that you maintain the confidentiality of any information you may acquire during the course of, or arising from, your work experience placement.

During the period of your work placement you will not be regarded as an employee or worker of the ICB, or be eligible for pay or other employee benefits.

This document covers you for the entire period of your unpaid work experience with the ICB.

Please read the following pages, sign both copies of this letter, and then return one copy to the Line Manager (in the envelope provided).

### TERMS Duties / Work:

You will be told the area you will be placed in and the duties you will be expected to carry out on arrival at the ICB. You will be responsible to a supervisor or Line Manager and if you have any difficulties you must speak to them.

**Hours:** To be agreed with your Line Manager. You are entitled to a 30 minute break during your working day.

**Sickness / Time off:** If you are unable to attend your placement because of sickness or for any other reason you must inform your Line Manager as soon as possible. You must keep your Line Manager informed as to the likely date of return. You must inform your Line Manager of any planned holidays during the work placement period.

**Security Badges:** The person responsible for your supervision will issue this to you on arrival. It must be worn at all times while on ICB premises.

**Dress / Appearance Code:** If you are not provided with a uniform, clothing must be smart, clean, tidy and of modest appearance and suitable for the role being



undertaken. Please check with your supervisor before starting your work placement. Where appropriate, protective clothing such as aprons and gloves must be worn in accordance with ICB policies on infection control and food handling.

**Confidentiality:** All information you receive during your work placement is confidential. In particular, information relating to the diagnosis and treatment of patients, staff and/or patient records, and details of contract prices and terms must under no circumstances be told to, or passed on to, any unauthorised person. You must not discuss the names of patients with anyone outside the department in which you are placed. If you are given any documents that contain patient information, you must ensure this patient information is handed back to an appropriate person or put into Confidential Waste before you leave the department. You must not photocopy or keep copies of any of these documents.

**Health and Safety:** Under the Health and Safety at Work Act 1974, you have a duty to take reasonable care to avoid injury to yourself and to others. You must comply with the ICB's Health and Safety policy. Please make sure you know the Department's Fire Procedure, which the Line Manager will show you. If you see spilt liquids on the floor, please inform a member of staff who can arrange for this to be cleaned up.

**Loss / Damage of Personal Effects:** No liability will be accepted for loss or damage to your personal property whilst on ICB premises. You are advised not to bring personal property with you. You may wish to provide your own insurance cover for any property you do bring with you to the ICB. ICB property must not be removed from the premises unless approved by your supervisor.

**Equal Opportunities:** The ICB believes in, and actively seeks to promote, equal opportunities. You are required to behave in a professional manner and to treat colleagues, patients, members of the public or other staff with dignity and respect. Any discrimination on the grounds of race, sex, religion or belief, sexual orientation, disability or age will not be tolerated. You must refrain from inappropriate language, jokes and be aware of inappropriate non-verbal behaviour. If you think another member of staff or patient is behaving in a discriminatory manner you must raise this with your Line Manager.

### **Form of acceptance**

I accept this Work Experience placement on the terms listed above. I have read the terms and agree to abide by them. I have signed and kept a copy of this Agreement.

<b>Student Signature:</b>	
<b>Student Name (PRINT):</b>	
<b>Date:</b>	

## Annex E: Placement Information Sheet.

<b>Students Surname:</b>				
<b>Students First Name(s):</b>				
<b>Position:</b>				
<b>Placement Department / Team:</b>				
<b>Placement Dates:</b>	From:		Until:	
<b>Hours of Work (incl. Lunch / Breaks):</b>				
<b>Supervisor Name:</b>				
<b>Supervisor Contact Details:</b>				
<b>Placement Position Overview:</b>				
Example of activities to be carried out (this is not exhaustive and the student must be prepared to complete other tasks as required as part of the work experience placement)				
<b>Intended Learning outcomes of activities:</b>				

## Annex F: Local Induction Checklist

To be carried out on the first day of placement

### General:

- Provide overview of ICB structure, organisational objectives and business plan
- Confirm name of Supervisor
- Confirm expectations around hours of work
- Introduce to colleagues

### Sickness:

- Notification procedure

### Location of Services:

- Toilets
- Kitchen
- Cloakroom/storage for belongings
- Emergency exits and fire assembly point
- First Aid

### Information Governance:

- Ensure the starter has been made aware of the Confidentiality Code of Conduct

1.

### Health & Safety

- Explain how Health & Safety issues are to be reported and who is responsible for health and safety
- Inform who the First Aiders are and what they do / and or first aid arrangements
- Inform about the process of reporting accidents, injuries and near-misses
- Awareness of any hazards relevant to job and reporting of such
- Inform about working with VDUs
- Security of building and personal property
- Show where nearest emergency exits are
- Show the position of fire appliances, alarms, assembly points
- Explain the procedure on hearing visual fire alarm and test

### Other:

- Any other questions/issues on placement
- Background reading knowledge

### Person(s) undertaking induction:

<b>Name(s):</b>	
<b>Job Title (s):</b>	
<b>Signature (s)</b>	
<b>Date:</b>	

I [insert name of new starter] declare that all the above have been explained and shown to me.

<b>Signature:</b>		<b>Date:</b>	
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## Annex G: Work Experience Evaluation Form.

<b>Students Full Name:</b>				
<b>Position:</b>				
<b>Placement Department / Team:</b>				
<b>Placement Dates:</b>	From:		Until:	

This information may be used to develop programmes for future candidates.

**1. What did you hope to learn from your placement?**

**2. Has this been achieved? If no, please give details**

No

Yes

**3. Do you feel your placement has given you a better understanding of the work that is undertaken in a ICB? If no, please give details**

No

Yes

**4. Do you feel the structure of the programme was:**

Excellent  Very Good

Average  Poor

Very Poor

**5. Which areas of work did you find most interesting?**

**6. Which areas of work did you find least interesting?**

**7. Do you have any other comments about your work placement?**

2. Annex H: Certificate

*This certificate is awarded to*

**Name**

*On completion of Work Experience in  
[Department Name]  
with  
(Commissioning Group)*

*[Add Placement Dates]*

*Approved by  
(ICB Line Manager)*

## Equality Impact Assessment

Directorate  Team  Name of lead person

Piece of work being assessed

Aims of this piece of work

Date of EIA  Other partners/stakeholders involved

Who will be affected by this piece of work?

Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect. What is available? Eg population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. <b>Include consultation with service users wherever possible</b>	Is there likely to be a differential impact? Yes, no, unknown
Gender		No
Race		No
Disability		No
Religion/belief		No
Sexual orientation		No
Age	This policy is more likely to affect younger individuals but can be applied to any aged student.	No
Social deprivation		No
Carers		No
Human rights		No

No anticipated detrimental impact on any equality group. The policy adheres to both statutory entitlements and AFC terms and conditions, where applicable. It makes all reasonable provision to ensure equity of access to all staff. It is acknowledged that the greater percentage of employees are female and therefore this staff group may inevitably be more impacted upon by the policy. However, there are no statements, conditions or requirements that disadvantage any particular group of people with a protected characteristic.