

### Learner Health and Safety Details – Standard 10

Learner's name	
Learner's age	
Employer's name and work location	

10	Management of learner(s) health and safety	Yes	No	Evidence / comments
A	Is the employer aware of the age of the learner and any consideration regarding age, inexperience, immaturity and lack of awareness of risks?	<input type="radio"/>	<input type="radio"/>	
	Are there any other special needs or circumstances including any learning difficulty, disability and/or medical/health condition that the employer should be made aware of?	<input type="radio"/>	<input type="radio"/>	
B	Will / has the employer put in place control measures for the learner as a result of the assessments and have they informed the learner and their supervisor(s)?	<input type="radio"/>	<input type="radio"/>	
C	Detail any necessary prohibitions and restrictions identified by the HASWEL that would apply to the learner, or any medical condition known.	<input type="radio"/>	<input type="radio"/>	
D	The employer will provide competent supervision for the learner; please state the designated person taking overall responsibility for the learner? (note – where necessary, suitability checks may be required for reasons of child protection and the protection of vulnerable adults).	Supervisor(s) name(s):  Contact details:		
E	Does the employer provide an induction and ongoing information, instruction and training to the learner reflecting the findings of the risk assessment, working environment, work activities, age, experience and any special needs?	<input type="radio"/>	<input type="radio"/>	
F	Does the employer provide, free of charge, any necessary personal protective equipment and clothing (as determined by the risk assessment) and ensure its proper and effective use?	<input type="radio"/>	<input type="radio"/>	

Learner:	Signature:	Date:
Employer or their designated representative:	Signature:	Date:



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Ref	Action required	By who	Target date	Completed (signed off)	

Learner:	Signature:	Date:
Employer or their designated representative:	Signature:	Date:

Notes