



# Onsite accommodation assessment form

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This form **must be** completed when the student is staying away from home for work placement/experience with a host employer.

This form **may be** completed when the student is staying away from home with family/friends.

## School and student information

School \_\_\_\_\_ Contact teacher \_\_\_\_\_

Contact teachers position \_\_\_\_\_

Student name \_\_\_\_\_ Student year group (eg. Yr.11) \_\_\_\_\_

Dates of Placement \_\_\_\_\_ To \_\_\_\_\_ work experience work placement

Has the school/EVET provider:

1. Visited the property to look at the accommodation arrangements? YES NO
2. Advised the need for DoE Working with Children Check Declaration for volunteers and contractors (Appendix 5) and Proof of Identity (Appendix 6) –required when a non-family adult is supervising the student’s accommodation? YES NO

## Host employer information

Name of employer \_\_\_\_\_

Name of student’s supervisor \_\_\_\_\_

Supervisors position \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Is there mobile phone coverage? YES NO

Degree of property isolation \_\_\_\_\_

Will the student have access to a phone in an emergency? YES NO

Details of nearest medical facility \_\_\_\_\_

Distance to medical facility \_\_\_\_\_ Ease of access in a medical emergency \_\_\_\_\_

## Accommodation information

Address of student accommodation \_\_\_\_\_

Type of accommodation: Single Shared

What are the meal arrangements? \_\_\_\_\_

Who will be the student's after work hours supervisor? \_\_\_\_\_

How will student/s contact this supervisor ? \_\_\_\_\_

Describe accommodation safety and emergency procedures.

Are there after hours social activities?      YES      NO

If yes please describe \_\_\_\_\_

## Factors for special consideration before approving placement

Travel details from home to the accommodation/ workplace \_\_\_\_\_

Travel details from accommodation to worksite/s. \_\_\_\_\_

Describe host employer's experience in hosting other students. \_\_\_\_\_

What other adults will be present and are they aware of their child protection responsibilities?

Will the host employer solely supervise the student? \_\_\_\_\_

Number and gender of students on placement. \_\_\_\_\_

If the placement includes weekend will there be a different supervisor? \_\_\_\_\_

If the student is to be transported on the property describe how this will occur?

Attach the program of student activities for the weekend if applicable \_\_\_\_\_

What processes are in place if the student/s is uncomfortable or unhappy during the placement? \_\_\_\_\_

Discuss protective strategies for the host employer such as:

- ensuring that students are not supplied alcohol
- avoiding situations where students are left alone with employees
- avoid physical contact with student
- support students to stay together where relevant.

Name of staff member conducting assessment: \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

File this assessment and supporting documentation (eg. Location map, photos of the accommodation) with the completed Student Placement Record and accommodation away from home document.