

NOTIFICATION of SUITABILITY for EDUCATION-BUSINESS ACTIVITIES

WORK EXPERIENCE	Pre-16	<input checked="" type="checkbox"/>	Post-16		Extended	<input checked="" type="checkbox"/>	CURRICULUM LINKS	<input checked="" type="checkbox"/>
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This is to certify that IPSWICH TOWN COMMUNITY TRUST (Organisation)
 has been visited by DAVID HOLLIDAY of Suffolk County Council on 28/02/07
 to Assess a WE AND CURRICULUM LINKS **PLACEMENT / ACTIVITY**

INSURANCE: Company Name / Cert No. SYNDICATE 2525 LEYDS 00F01461E05	EMPLOYER LIABILITY Expiry Date	30/JUNE/07	PUBLIC LIABILITY	<input checked="" type="checkbox"/>	MOTOR VEHICLE (Business Use Insurance) where appropriate	<input checked="" type="checkbox"/>
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KEY TASKS Undertaken during Placement / Activity	SIGNIFICANT RISKS (if any) Identified by Employer	CONTROL MEASURES (if any) Identified by Employer
- Snow removal ground - USE of P.C. IN OFFICE GEN ADMIN - PLAYING FOOTBALL	- SLIPS/TRIPS/FALL - MOVING VEHICLES - SLIPS/TRIPS - DSL ISSUES - TWISTS / STRAINS - MANURE HANDLING	- CLOSE SUPERVISION 1 ADULT TO 16 IN CONFINED AREAS BUT MORE ADULTS IF POSSIBLE - CLOSE SUPERVISION - VERY LIMITED WAGE ADJUSTABLE CHAIRS ETC - QUALIFIED COACH GOOD QUALITY SURFACE SWEEP BEFORE CHILDREN - LIGHT ITEMS PLAY CONTROL
CLOSE SUPERVISION / HSW INDUCTION		

LIMITATIONS / PROHIBITIONS (if any) - As agreed between Assessor & Employer NO ALLOWED NEAR ANY DANGEROUS MACHINERY EG LAWNMOWER NO TRAVEL OFF SITE	Unsuitable Impairments
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NB. Impairments: a=hearing; b=sight; c=colour blindness; d=breathing; e=mobility; f=special educational needs; g=dyslexia

RISK BANDING	Occupational = <u>Low</u>	Organisational = <u>Low</u>	OVERALL = <u>Low</u>
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This notification is valid from 06/04/07 to 05/04/11

The employer confirms that an assessment of the risks involved in the above education-business activity has been carried out and believes it to be suitable for young people. In the case of Work Experience, the employer agrees to follow the guidance contained in the Letter of Understanding on the reverse of this form as well as to individually risk assess students when in situ.

Signed by [Signature] (on behalf of the Employer) Date: 28/02/07
 Name (please print): MATTHEW TRYS Status: ACTION LEARNING DIRECTOR

For office use: <u>9554</u>	WEU Manager:	Issued by Work Experience Unit Tel: 01473 264634/5 / Fax: 01473 216848
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