**Placement Starter Pack**

|  |  |
| --- | --- |
| **Jobseeker Name** |  |
| **Ref. No.** |  |
| **Address** |  |
| **Tel** |  |
| **N.I. No.** |  |
| **Employer Name** |  |
| **Post** |  |
| **Address** |  |
| **Tel. No.** |  |
| **Contact Name** |  |
| **Position** |  |

|  |
| --- |
| **Contents** |
| Interview Preparation |
| Employer Interview Feedback |
| Preparing for Work Checklist |
| Second Checklist |
| Workplace Induction Checklist |
| Placement Information Sheet |
| Task Analysis JS0036 or JS0036a (Automated versions available, please choose format) |
| Risk Assessment JS0037 (Automated versions available) |
| Employer Review Form |

**INTERVIEW PREPARATION**

**Interview Date: Time:**

**Employment Training Coach Support during Interview:**

|  |
| --- |
|  |

**Travel Arrangements for Interview:**

(ETC to be specific, e.g. meeting point and time:

|  |
| --- |
|  |

**Personal Presentation**

(ETC to advise on suitability of appearance relating to above post):

|  |
| --- |
|  |

**Interaction with Employer**

(discussions surrounding / questions to ask: appropriate body language; appropriate conversation / responses (e.g. previous employment experiences))

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **WORKER’S SIGNATURE:** |  | **DATE:** |  |
| **ETC’S SIGNATURE** |  | **DATE:** |  |

**NOTE: IF INTERVIEW UNSUCCESSFUL, PLEASE DETACH PAGES 1 AND 2**

**FROM BOOKLET AND FILE IN CLIENT’S FILE**

**EMPLOYER’S INTERVIEW FEEDBACK**

Please mark with a tick for **POSITIVE** and a cross for **NEGATIVE**

**Did the Interviewee:**

|  |  |
| --- | --- |
| * Appear Nervous * Maintain Eye Contact * Shake Hands * Have Good Body Language | * Appear Enthusiastic * Smile Appropriately * Relax After a Period |

**Suggestions for Improvement:**

|  |
| --- |
|  |

**Was the Interviewee’s personal presentation:**

|  |  |
| --- | --- |
| * Excellent * Suitable / Appropriate | * Too Casual * Inappropriate |

**Suggestions for Improvement:**

|  |
| --- |
|  |

Did the interviewee answer questions? **YES / NO**

Did the interviewee answer questions appropriately? **YES / NO**

Did the interviewee ask questions? **YES / NO**

Did the interviewee ask relevant questions? **YES / NO**

**Was the interviewee’s attitude:**

|  |  |
| --- | --- |
| * Polite * Appropriate | * Rude * Inappropriate |

**Further Comments:**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNED:** |  | **POSITION:** |  |

**DETACH FROM BOOKLET TO GIVE TO EMPLOYER AND REPLACE IN BOOKLET ONCE COMPLETED**

**PREPARING FOR WORK CHECKLIST**

ETC to discuss the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Tick** | **Subject** | **Tick** |
| **Appearance:**  Appropriate things to wear  Clean clothes  Polished shoes  **Personal Hygiene:**  Shower  Wash hair  Clean teeth  Brush hair  Clean nails  Wearing deodorant  Shave  **Body Language:**  Eye contact  Slouching  Smiling  **Co-operation with employer during work hours**  **Past experience / abilities, e.g. Health & Safety** |  | **Provide individual with Worker Information Sheet (words or pictorial)**  **Travel Preparation for Work:**  Route  Length of journey  Times of public transport  Alternative transport  Support required on journey  Are you aware of taxi times  Are you aware of taxi phone number  Are you aware where to meet on first day of work  Are you aware of what to do if late or transport fails to show or cannot attend  **Appropriate Behaviour:**  Use good manners  Be polite  Appropriate conversation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **JOBSEEKER:** |  | **DATE:** |  |
| **ETC:** |  | **DATE:** |  |

**SECOND CHECKLIST**

**(COMPLETED FOR PAID EMPLOYMENT)**

ETC to initial if completed / applicable:

|  |  |  |  |
| --- | --- | --- | --- |
| **HEADING** |  | **ETC SIGN** | **DATE** |
| Worker Information Form provided?  Pictorial Version JS Or JS provided? | **YES / NO**  **YES / NO** |  |  |
| Financial Statement provided? | **YES / NO** |  |  |
| List all relevant parties who have been contacted and informed, e.g. DEA / IBPA, Wage Subsidy Employment Officer, Family, Carers, Day Centre |  | | |
| Are any of the following required:  JIS  ATW  Subsidised Wage - workshop  Other | **YES / NO**  **YES / NO**  **YES / NO**  **YES / NO** |  |  |
| Please state details of contacts made and paperwork completed |  | | |
| If eligible to Tax Credits, has application been completed?  (if YES please state date, if No please state reason why)  Has client or appointee advised to inform benefits agency/ Jobcentre plus of work | **YES / NO**  **YES / NO** |  |  |
| Has Benefits Agency been informed of employment (including DLA):  By ELITE  By Jobseeker  Comments: | **YES / NO**  **YES / NO** |  |  |
| If applicable, has client or appointee been advised to inform Housing Benefit?  Person Informed: | **YES / NO** |  |  |
| Is Travel Training required?  Is Travel Training RA completed? | **YES / NO**  **YES / NO** |  |  |
| Who will provide Travel Training? | |  |  |
| Has Task List been drawn up and signed by Employer?  Has Risk Assessment been drawn up and signed by Employer? | **YES / NO**  **YES / NO** |  |  |
| Has Task Analysis (JS0036) been produced? | **YES / NO** |  |  |
| Has notification of work ceasing (JS0059 – 63) been provided to the Benefits Agency (if applicable)? | **YES / NO** |  |  |

**WORKPLACE INDUCTION CHECKLIST**

|  |  |
| --- | --- |
| Name of Company: |  |
| Name of Jobseeker: |  |
| Name of ETC: |  |
| Date of Induction: |  |
| Induction conducted by: | Name: |
| Title: |

Please identify topics covered during company induction.

|  |  |
| --- | --- |
| 1. Fire Procedure including Fire Exits and Assembly Points |  |
| 1. First Aid Arrangements & Named First Aider(s) |  |
| 1. Accident Reporting Procedures |  |
| 1. Hazard Reporting |  |
| 1. PPE |  |
| 1. Housekeeping & Cleanliness |  |
| 1. Clothing requirements |  |
| 1. Prohibitions (Rules & Regulations) |  |
| 1. Relevant Policies e.g. equal opportunities/bullying etc |  |
| 1. Workplace tour |  |
| 1. Named Supervisor in relation to placement |  |

|  |
| --- |
| Any Others: |

For all topics not covered during induction please ensure they are covered during job training.

**PLACEMENT INFORMATION SHEET**

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Address:** |  |
| **Tel. No.:** |  |
| **Contact Name:** |  |
| **Elite Contact Name:** |  |
| **Elite Contact Tel. No.:** |  |

**PLACEMENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date:** |  | **End Date:** |  |
| **Start Time:** |  | **Finish Time:** |  |
| **Days:** | | | |

**(Any changes must be discussed and agreed with your trainer)**

|  |  |
| --- | --- |
| **Breaks:** |  |
| **Appropriate Clothing:** |  |
| **Main Duties:** |  |
| **Confirm Travel Arrangements:** |  |
| **What To Do If You Cannot Attend:** |  |

**Participant Write Up**

|  |  |  |
| --- | --- | --- |
| **DUTIES** | **TASK NO.** | **TASK DESCRIPTION** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**RISK ASSESSMENT**

|  |  |  |
| --- | --- | --- |
| **CLIENT REF No:** | **ASSESSMENT BY** | **EMPLOYER SIGNATURE** |
| **PURPOSE: SAFE WORKING PRACTICE**  **VENUE:** | **SIGNED:**  **DATE:**  **CLIENT SIGNATURE:** | **DATE:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD**  Who / what causes harm? | **RISK**  What could happen and to whom? | **EXISTING CONTROL MEASURES**  What do you do about it now or is currently in place? | **CONTROL MEASURES REQUIRED**  What further action should be taken? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD**  Who / what causes harm? | **RISK**  What could happen and to whom? | **EXISTING CONTROL MEASURES**  What do you do about it now or is currently in place? | **CONTROL MEASURES REQUIRED**  What further action should be taken? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EMPLOYER REVIEW FORM**

**JOBSEEKER NAME:**

**POSITION:**

**PERIOD OF REVIEW FROM: TO:**

**EMPLOYER NAME:**

**EMPLOYER ADDRESS:**

|  |  |
| --- | --- |
| Attendance / Punctuality: |  |
| Appearance: |  |
| Social Interaction: |  |
| Ability to Complete Duties (list summary of duties): |  |
| Standard of Work: |  |
| General Conduct: |  |

Would you be prepared to provide this person with a reference? YES / NO

If NO, why not?

|  |
| --- |
|  |

Would you consider employing this person? YES / NO

If NO, why not?

|  |
| --- |
|  |

Do you have any vacancies? YES / NO

If NO, when do you anticipate future recruitment?

|  |
| --- |
|  |

Would you consider providing placements to ELITE in the future? YES / NO

If NO, why not?

|  |
| --- |
|  |

Any Other Comments:

|  |
| --- |
|  |

**FORM COMPLETED BY:-**

**NAME:**

**POSITION:**

**DATE :**

**ADD MORE SHEETS TO STARTER PACK, IF REQUIRED, DETACH FROM BOOKLET TO GIVE TO EMPLOYER AND REPLACE IN BOOKLET WHEN COMPLETED**