

Solihull Jobs Fund – Interview Feedback

Job Title:	
Number of applications received:	
Number of candidates invited for interview:	
Interview date:	
Name of candidate offered job:	

Please give details below of the reasons for the candidates being unsuccessful at interview

	Name	Reason
Interviewee 1		
Interviewee 2		
Interviewee 3		
Interviewee 4		

(Please be advised that in accordance with the Service Level Agreement, it is expected that records that can substantiate this claim are being held by the employer).

Signed: **Position in Company:** **Date:**/...../.....

Solihull Jobs Fund – Starter Confirmation

I confirm that the following person has started employment through Solihull Jobs Fund

Name	Date of Birth	Nat. Ins Number	Postcode	Date Started	Consent to Share Information signed? Yes/No

(Please be advised that in accordance with the Service Level Agreement, it is expected that records that can substantiate this claim are being held by the employer).

Signed: **Position in Company:** **Date:**/...../.....

Solihull Jobs Fund – Leaver Confirmation

I confirm that the following person employed through Solihull Jobs Fund is no longer working for.....

Name	Date of Birth	Nat. Ins Number	Postcode	Date Left	Reason for Leaving

(Please be advised that in accordance with the Service Level Agreement, it is expected that records that can substantiate this claim are being held by the employer).

Signed: **Position in Company:** **Date:**/...../.....

Solihull Jobs Fund - Employee Consent to Share Information

Solihull Metropolitan Borough Council needs your consent to share and record certain personal information. This Information will be used by Solihull Council to share data with your Employer, The Department for Work and Pensions and other partners providing information advice and guidance to help Solihull Jobs Fund achieve local outputs.

This Information will also be used for research into Solihull Jobs Fund and at the end of project an evaluation study. Solihull MBC will ensure that all personal information is stored in accordance with the Data Protection Act 1998.

I have read and understand the above.

Employee Name: **Employee Signature:**

Date:/...../.....

Solihull jobs Fund – Health & Safety Checklist/Questionnaire

The Health and Safety of employees provided through Solihull Jobs Fund is paramount and The Employer must be able to demonstrate that they comply with all relevant Health and Safety legislation.

Completing the checklist/questionnaire

The person with responsibility in the company for Health and Safety should complete the declaration. If you answer **NO** to any of the questions please state your reasons why in the **Further Information** box provided at the end of this form. This box can also be used for any other additional information you may feel appropriate.

Company Details:			
Name:			
Address:			
Postcode:			
Tel No:		Email:	

1.	Do you have a written Health and Safety Policy?	Yes/No
2.	Does your business have a system for implementing this Policy?	Yes/No
3.	Does your business have a policy regarding Health and Safety training for people working within your undertaking?	Yes/No
4.	Will you provide all necessary health and safety information, training, instruction and supervision for the employee?	Yes/No
5.	Do you have current and adequate insurance cover for the following areas: Employers Liability Compulsory Insurance? Public Liability Insurance?	Yes/No Yes/No
6.	Will your insurance cover any liability incurred by an employee as a result of his/her duties?	Yes/No
7.	Is your organisation registered with the appropriate authority (HSE or Local Authority)	Yes/No
8.	Do you have appropriate systems and procedures in place for emergency evacuation, and fire safety, prevention and protection?	Yes/No
9.	Have there been risk assessments carried out on your work practices to identify possible risks and control measures for these (to both your employees and others affected by your undertaking)?	Yes/No

10.	Are risk assessments kept under regular review?	Yes/No
11.	Are the results of risk assessments implemented?	Yes/No
12.	Is first aid equipment provided and are records of first aid treatment kept?	Yes/No
13.	If required are trained first aiders available?	Yes/No
14.	Is there a formal procedure for reporting accidents and incidents in accordance with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations of 1995 (RIDDOR)	Yes/No
15.	Will you report back all recorded accidents or incidents involving the employee?	Yes/No
16.	Do you have systems to help ensure and maintain a safe place of work, and adequate welfare facilities?	Yes/No
17.	Where necessary, will you ensure that the programme participant is provided with the appropriate personal protective equipment and clothing?	Yes/No

Further information:

Responsibility for Health & Safety:
Please supply contact details of the person within your organisation with responsibility for Health and Safety.
Name:
Contact Address:
Telephone No:
Mobile:
E-Mail:

Declaration
I hereby confirm the information supplied on this questionnaire is correct
Signed:

On Behalf Of:
Position In Company:
Date:

For Solihull MBC use only:

Issue(s) to follow up and recommendations

Name:

Signed:	Date:
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Solihull Jobs Fund – Safeguarding Checklist/Questionnaire

Completing the checklist/questionnaire

The person with responsibility in the company for safeguarding should complete the declaration. If you answer **NO** to any of the questions please state your reasons why in the **Further Information** box provided at the end of this form. This box can also be used for any other additional information you may feel appropriate.

Company Details:			
Name:			
Address:			
Postcode:			
Tel No:		Email:	

1.	Do you have a Safeguarding Policy?	Yes/No
2.	Do you know how to report any concern about the safety of the young person/employee?	Yes/No
3.	Are you committed to acting upon concerns about the welfare/safety of the young person/employee?	Yes/No
4.	Do you have a Disciplinary Policy?	Yes/No
5.	Do you have a recruitment policy which includes the making of CRB checks where appropriate?	Yes/No
6.	Does your business have a named individual who is aware of action to be taken in the event a member of staff has concerns about the young person/employee?	Yes/No

Further information

Responsibility for Safeguarding

Please supply contact details of the person within your organisation with responsibility for Health and Safety.
Name:
Contact Address:
Telephone No:
Mobile:
E-Mail:

Declaration
I hereby confirm the information supplied on this questionnaire is correct
Signed:
On Behalf Of:
Position In Company:
Date:

For Solihull MBC use only	
Issue(s) to follow up and recommendations	
Name:	
Signed:	Date: