**Appendix A - Apprentice Progress Review and Health & Safety Monitoring**

**BOLD indicates REQUIRED information | Ensure you are using the current version of any procedure / document**

**Initial Surname**

B L O C K C A P I T A L S

**Additional area for ID Review Date: Review Number Review Location**

D D M M Y Y Y Y Site College

|  |  |
| --- | --- |
| Occupation/Craft: | Year of Apprenticeship:  |
| College: | Employer Name: |
| Class Details: | Site Location: |

Apprentice Email Address

Currently Held:

**Email Status**: Not Available Changed or New (enter below) As Per Previous Review

Apprentice New Email

Address:

B L O C K C A P I T A L S

Change of home address:

**Email Status:** Not Available Changed or New (enter below) As Per Previous Review

Employer New Email

Address:

B L O C K C A P I T A L S

1. Personal Progress (College & Site)

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Assessment Criteria Apprentice Evaluation Lecturer/ Supervisor Evaluation A: Very Good B: Good C: Satisfactory, D: Needs Improvement, E: Unsatisfactorya) Attitude to Work Comments / Actions to carry forwardb) Co-operation with othersc) Conductd) Organisation, Planning & Initiativee) Reliabilityf ) Practical Abilityg) Theory n/a h) Attendancei) Timekeepingj) Safety Awareness |   |
| **Are any actions to be carried forward in this section?** Yes No n/a

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YES** |  | **NO** |  | **n/a** |  |

 |
| 2. Managing Agent Completion (College & Site) |
|  | Comments/Actions to carry forward |  |
| Is the apprentice receiving the correct rate of pay? Yes No |  |
| Is the apprentice receiving a payslip?  |
|  Yes  |  | No |
| Is the apprentice receiving travel allowances? Yes No n/a

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YES** |  | **NO** |  | **n/a** |  |

    |

|  |
| --- |
|  3. Progress towards SVQ achievement (College Only) |
| **Framework Component** | **Progress Comments/actions to carry forward** |
| No. of CREW forms submitted to date (if app) |  |  |
| Number of units achieved to date(**specify date of CAR/SOAR)** | Number of units | Date of CAR/SOAR |
| Number of training only units not yet assessed |  |
| I.T Core skills achieved? |  Yes No n/a

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YES** |  | **NO** |  | **n/a** |  |

  |
| Up to date with portfolio including providing work based evidence? |  Yes No n/a

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YES** |  | **NO** |  | **n/a** |  |

 |
| College & Site |
| Up to date with the SVQcomponents? |

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

 |
| Understand the MA certification process? |

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

 |
| Understand the time served element of the apprenticeship? |

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

 |
| Registered with SBATC/SPADAC |

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

 |
|  4. Progress of Additional Support Needs (College & Site)  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

Does the apprentice have additional support needs?  Yes No |
| If yes record progress since last review:  |

5. SVQ / CREW (if applicable) Workplace Activity (Site Only)

Tasks, activities and training undertaken since last review:

Planned future activities:

Has the apprentice sat and passed the Skills Test? Yes No n/a

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YES** |  | **NO** |  | **n/a** |  |

5a. RAG Rating (College & Site)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RED** |  | **AMBER** |  | **GREEN** |  |

Please indicate the status of the apprentice’s progress

towards MA completion: RED AMBER GREEN

6. Health & Safety Review (Site Only)

The Apprentice Working Environment (refer to health and safety monitoring guidance notes) Comments:

Actions from this section should be carried over to the Action plan

Use of Equipment (As per guidance notes)

Apprentice will only use the following plant/machinery and equipment whilst receiving information, training, instruction and supervision by a person deemed competent by the employer

|  |  |
| --- | --- |
| Details of Plant/Machine or Equipment | Details of Plant/Machine or Equipment |
| 1. | 2. |
| 3. | 4. |
| Comments on the above (Actions from this section should be carried over to the Action plan) |

|  |
| --- |
| Apprentices Immediate Awareness of Health and Safety |
| 2.1 | What topics are covered under induction? (first review only) |   |
| 2.2 | Emergency arrangement Inc. fire and medical |   |
| 2.3 | Immediate significant risks and controls on current site |   |
| 2.4 | Record supervisory arrangements |   |
| 2.5 | Restrictions or prohibitions |   |
| 2.6 | Use and storage PPE |   |
| 2.7 | Record the first aid arrangements |   |
| 2.8 | What do you do if you have an accident? |   |

Has the Apprentice had / been involved in an accident, reportable disease or dangerous occurrence since last review?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

If YES, details must be recorded below NB: remember to record any minor incidents

Date: Details of Accident/near miss/disease RIDDOR Report Completed

Yes No NA

|  |
| --- |
| Apprentice Knowledge & Understanding of H&S (from the Apprentice Health & Safety Monitoring Review questions list) |
| Question ( ) |   |
| Question ( ) |   |
| Question ( ) |   |
| Question ( ) |   |
| Question ( ) Optional ExtraInc. any advice offered |   |

|  |
| --- |
| Employer Information **Yes No** |
| 4.1 | a. Is the Health and Safety Policy Current? |  |  |  |
|  | b. Is there a Health and Safety Law notice or leaflet? |  |  |
| 4.2 | Have the following been carried out? |  |  |
|  | a. Risk Assessment (including woodwork machinery where applicable)? |  |  |
|  | b. Specific assessment for COSHH, Manual handling, Noise, Working with lead, Fire, Asbestos? |  |  |
|  | c. Emergency procedures for fire evacuation, bomb scare etc.? |  |  |
| 4.3 | Are training records kept for employees/apprentices competency? |  |  |
| 4.4 | Are control measures, procedures, monitoring and records in place to cover the requirements PUWER? |  |  |
| 4.5 | Do you provide PPE where required, free of charge? |  |  |
| 4.6 | a. Are first aid arrangements in place? |  |  |
|  | b. Is there a procedure and arrangements to cover RIDDOR? |  |  |
| 4.7 | Are policies, procedures or arrangements in place to cover: |  |  |
|  | a. Lodgings (where applicable)? |  |  |
|  | b. Drug/alcohol abuse? |  |  |
|  | c. Transportation in company vehicles? |  |  |

Comments on the above (Actions from this section should be carried over to the Action plan)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are the employers Public Liability and Employer Liability insurance current? (Record details below)

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

 |
| Public Liability:  | Employer Liability:  |
| Name of Insurer:  | Name of Insurer:  |
| Policy Number:  | Policy Number:  |
| Expiry Date of Policy:  | Expiry Date of Policy:  |

PPCL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YES** |  | **NO** |  | **n/a** |  |

Have all the actions from the PPCL been closed out? (First Monitoring visit only)

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

Are there Health and Safety actions from this monitoring visit? (Record below)

Yes

Yes

No N/A

No

|  |
| --- |
| **Record below any Health & Safety actions or recommendations from this Monitoring Visit** |
| **Action(s) Required** | **By Whom** | **Target date for completion** |
|   |   |   |
|   |   |   |
|   |   |   |
|  **Recommendations** |
|   |
|   |
|   |

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

Following this monitoring visit does the risk banding need reviewing?

 Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEDIUM** |  | **HIGH** |  | **UNACCEPTABLE** |  |

Revised new risk banding following this visit MEDIUM HIGH UNACCEPTABLE

7. Apprentice Wellbeing (College & Site)

Equality & Diversity topic discussed:-

|  |
| --- |
| 8. Observations (College & Site) |
| Employer / Lecturer Comments: |
| Managing Agent Comments: |
| Apprentice Comments: |
|  9. Action Planner (College & Site) |
| Issue | Action | By When | By Whom |
|   |   |   |   |

**10. Please indicate the number of Managing Agent admin actions required** 0 1 2 3 4 5

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

**11. Does this form contain sensitive personal data as defined by the Data Protection Act?** Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

**12. Does the Apprentice consent to a copy of this review being e-mailed to them using the email information**

**On the front page of this form?**

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

**13. Does the Apprentice consent to a copy of the review being e-mailed to their employer, if applicable, using the email information on the front page of this form?**

**14. Does the Employer’s representative consent to a copy of this review being e-mailed to them using the email**

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

Yes No

**information on the front page of this form?** Yes No

**Declaration - We have agreed and completed this report**

|  |  |  |
| --- | --- | --- |
| **Apprentice Signature** | **Employer/Supervisor/Tutor Signature** | **Managing Agent Signature** |
|   |   |   |
| Print Name: | Print Name: | Print Name: |