Reason For Assessment

[Young Person] [Disability][Other - Injury

Name -

Department -

Date Employment Commenced -

Assessment Date - Next Review Date -

**1. IDENTIFY HAZARDS SPECIFIC TO THE INDIVIDUAL FOR THIS ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Work | Task | Tick box if there are any activities that should not be undertakenThen enter details in [2] | Tick box if there any activities that require further training or supervision.Then enter details in [3] |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2. LIST THOSE TASKS WITHIN THE PERSONS NORMAL JOB THAT THE INDIVIDUAL SHOULD NOT CARRY OUT AT PRESENT**

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

**3. LIST THOSE AREAS WHERE ADDITIONAL TRAINING/SUPERVISION/ PRECAUTIONS ARE IDENTIFIED**

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

**4. LIST OTHER RELEVANT INFORMATION DISCUSSED WITH EMPLOYEE**

**5. AGREE WITH EMPLOYEE AN APPROPRIATE DATE TO REVIEW THE ASSESSMENT IF ITEMS LISTED IN 2 OR 3 ABOVE**

Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by employee to confirm

1. that they understand and agree the activities they should not undertake
2. that they understand those activities that may only be carried out under supervision or after additional training
3. that they understand that this assessment will be reviewed again on the date above.

**Employee signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed Regional/HR/General Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**