

**Baily Thomas Charitable Fund  
Registered Charity No 262334**

**Questionnaire to be completed by persons applying for grants for the purpose of  
employing individuals with a learning disability**

**Health and Safety at Work Etc. ACT 1974**

Please tick only one box for each question. For any questions where a tick is placed in the "No" box, please provide below the reason why you consider the question to be inapplicable to the circumstances pertaining at the particular place of work, and what, if any, alternative measures are in place to ensure proper regard is given to the Health and Safety of employees and those visiting the place of work.

	Yes	No
Have you prepared a written statement of your general policy with respect to Health and Safety at work?	<input type="checkbox"/>	<input type="checkbox"/>
Has this policy statement (and any revisions) been brought to the attention of all your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Have you identified the health and safety hazards and assessed the risks to health and safety?	<input type="checkbox"/>	<input type="checkbox"/>
Have you recorded the significant findings of the risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>
Have your employees been given a full and detailed safety induction course, e.g. what to do in case of fire?	<input type="checkbox"/>	<input type="checkbox"/>
Have you appointed one or more health and safety assistants from your organisation (or from outside) who are trained or knowledgeable about health and safety issues?	<input type="checkbox"/>	<input type="checkbox"/>

Name(s) of current appointed health and safety assistant(s)

(i)..... (ii).....

Have you appointed one or more health and safety representatives?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Name of current representative(s)

(i)..... (ii).....

Is there an Accident Book available in the place of work?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Are you aware of the need to make reports to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)?

Do you have at least one appointed person available at all times who has basic knowledge of first aid?

Name of current appointed person(s)

(i).....

(ii).....

Do you provide suitable Personal Protective Equipment to your employees free of charge?

Do you display "No Smoking" signs in appropriate places?

Do you display a FIRE Notice with instructions in case of fire?

Do you have Employers Liability Insurance?

Name of Insurance Company.....

Date of expiry of current insurance policy.....

Explanation below for any "No's and/or for a description of any additional health and safety measures which may be in place.

Signed:..... Date:.....