



Student Innovation Projects, Health & Safety Form

Organisation Name:

Contact Name:

Date Completed:

Health & Safety	Yes	No
If you have 5 or more staff, does your organisation have a written Health & Safety Policy?		
If 'No', please give a reason:		
Insurance	Yes	No
Public Liability Insurance: Company with whom policy is held: Policy Number: Limit of Indemnity: £ Expiry Date: (NB: if this expiry date is prior to the conclusion of the project you will be required to provide updated policy information when available)		
COVID-19	Yes	No
Does your company have a risk assessment in place for COVID-19?		
Will student visitors be provided with guidance on your COVID-19 risk prevention or minimalization measures?		
Accidents and Incidents	Yes	No
Will your organisation report to the University of Southampton any accidents or incidents involving our students during their project with the organisation?		

I understand, acknowledge and intend that putting an 'X' in the box below and sending this document electronically shall have the same effect as if I had signed the document.

Please send this Health & Safety document to employ@southampton.ac.uk