

Pre Placement Meeting Checklist

Individual's Name :
 Support Officer :
 Department Contact :
 Meeting Date :

Item for Discussion	Comments	Agreed? Y / N / TBC
Individual's requirements		
Individual's aims for the placement?		
Attendance Pattern and Duration?		
Proposed Start Date?		
Role during placement including expected duties / work plan?		
Can the individual physically access the workplace? i.e. lifts / ramps (if applicable)		
Access logistics? I.e. does the individual need to be met in the morning and escorted or will individual be issued with a pass?		
Does the individual require additional equipment / software support? If so, can the disability organisation supply and install required equipment prior to placement? Date of installation?		
Any further adjustments required?		
Procedures		
Risk assessments carried out (as required)? Health and Safety, Evacuation Protocols etc		
Has proof of AccessNI clearance been provided (if required)?		
Contact procedures for support officer during placement (if required)?		

AOB :

Signature of Support Officer :

Date:

Signature of Dept Contact :

Date:
