

Skills Swap Employer handbook Resource Companion

Contains all the forms you need for your skills swaps





This resource contains all the forms that you will need to initiate your skills swaps and is designed to be used in conjunction with the Employer Resource Handbook. Don't worry if you don't understand it all at first glance as your local skills swap coordinator can guide you through the process and the paperwork.

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Appendix 1 Employer Skills Swap request form

Employer **Request** for Skills Swap

Date of request	
Name & address of requesting employer	
Name(s) of employee(s) who will be undertaking the swap:	
Nature of skills swap/masterclass or training activity?	
Suggested date for activity:	Agreed date of activity: <i>(office use only)</i>
Suggested duration of activity:	Agreed duration of activity: <i>(office use only)</i>
Any other comments	
Signature of employer:	Date:

For office use only:

Actions	Outcome
Employers Approached:	
Employer agreements signed and returned? (Yes / No)	
Skills swap activity record completed? (Yes / No)	
Skills swap activity attendance completed? (Yes / No)	



Appendix 2 Employer Skills swap offer form

Employer **OFFER** of Skills Swap

Date:	
Name & address of employer offering the swap:	
Nature of skills swap/masterclass or training activity?	
Suggested date for activity:	Agreed date of activity: <i>(office use only)</i>
Suggested duration of activity:	Agreed duration of activity: <i>(office use only)</i>
Any other comments	
Signature of employer:	Date:

For office use only:

Actions	Outcome
Employers Approached:	
Employer agreements signed and returned? (Yes / No)	
Skills swap activity record completed? (Yes / No)	
Skills swap activity attendance completed? (Yes / No)	



Appendix 3 Skills Swap example agreement completed

Skills Swap Agreement

text in red should be replaced/customised

Congratulations in agreeing to take part in “Skills Swap”, proving you to be an innovative employer who is passionate about it’s employees and taking steps to rebuild the Hospitality industry. The ‘Skills Swap’ concept was conceived as part of the Hospitality Pathways project, where hospitality employers enter into skills swaps to train staff by allowing them to attend the premises of other employers. This skills swap could take the form of work shadowing, mentoring and/or masterclasses in specific practical skills that will allow the staff member to upskill and/or take on new or additonal tasks with you upon their return.

This agreement confirms the participation between [Short Stay Hotel] and [Wingate Hotel] in agreeing to a Skills Swap for the staff named below:

[John Brown, current role: trainee barista at Short Stay Hotel]

The objective of the swap is to: [achieve the specific aims and objectives of training in barista skills for 3 days from 22nd June 2021 to 25 June 2021]

The receiving employer [Wingate Hotel] agrees not to approach or contact an employee who has participated in a skills swap within [6 months] of the swap taking place.

[John Brown] from [Short Stay Hotel] enters into this agreement willingly and will sign to this effect below.

[Wingate hotel] will assign [Mark Smith, Manager of coffee shop] to meet and induct [John Brown at 10am on 22nd June at their premises: Wingate Hotel, 11 Kensington palace Gardens SW10 8EN.]

The following training objectives will be met and all participants will complete a feedback form at the end of the swap:

- Health and safety
- Operation of TZ coffee machine
- Making different styles of coffees and finishing
- Cleaning & hygiene processes

During the swap any issues for both the employee and employer will be reported to their respective line managers immediately and the Hospitality project Swaps coordinator, [Joe Bloggs.]



Signatures

Employer Name	Short Stay Hotel		
Name of assigning manager			
Signature		Date	

Name of Employee undertaking the swap			
Signature		Date	

Receiving Employer Name	Wingate Hotel		
Name of receiving manager			
Signature		Date	

Skills Swap Coordinator	Rinova Ltd		
Name of Skills Swap Coordinator			
Signature		Date	

***Please complete the Employee Profile annex sheet on the next page**



Annex sheet – Employee Profile

<p>Please give a brief profile of the employee here <i>i.e. name, current role any formal training etc.</i></p>	<p>John Brown has worked at the hotel since the age of 17. He has gained experience in the restaurant and coffee shops and is seeking to develop specialist skills as a barista and aspires to one day manage the coffee shop. He has formal, basic certificates in food hygiene and customer service skills. Eager to learn and takes instruction well.</p>	
<p>Does the employee have any learning issues, Dyslexia, ESOL? Please give details so that they can be adequately supported during in the swap. <i>Tick all those that apply</i></p>	ESOL	
	Dyslexia	
	Literacy Below L2 GCSE	✓
	Poor spoken English	
	Poor written English	
	Poor reading skills	
	Hearing impairment	
	Sight impairment	
	Other comments	
<p>Are there any adjustments that may need to be made as a result of the above?</p>	<p>Any instructions should be written in clear and simple language.</p>	
<p>Does the employee have any medical conditions or take any medication that the receiving employer needs to made aware of during the swap? (<i>i.e. epilepsy, hearing loss, diabetes, asthma, allergies?</i>)</p>	<p>John is allergic to eggs, any food products containing eggs and carries an epipen.</p>	
<p>Please provide emergency contact details for the employee in case of accident, illness or incident.</p>	<p>Name of contact: Josie Brown</p> <p>Contact phone number: 07999 123 456</p> <p>Relationship to Employee: Mother</p>	



Appendix 3a Skills Swap Agreement **BANK TEMPLATE**

Skills Swap Agreement

text in red should be replaced/customised

The 'Skills Swap' concept was conceived as part of the Hospitality Pathways project, where hospitality employers will enter into skills swaps to train staff through attending the premises of other employers, this could be for work shadowing, mentoring and masterclasses in specific practical skills, that will allow the staff member to upskill and/or take on new or additional tasks with their current employer.

The receiving employer (**Name**) will agree not to approach an employee who has participated in a skills swap within **6 months** of the swap taking place.

This agreement is created to signal the participation of **XXXX Employer and Employer XYZ** in agreeing to a Skills Swap for the staff named below:

John Brown current role trainee barista at Short Stay Hotel

The objective of the swap is to: **achieve the specific aims and objectives of training in barista skills for 3 days from xx date 2021 to xx date 2021.**

John Brown from **Short stay hotel** enters into this agreement willingly and will sign to this effect below. **Wingate hotel** will assign **Mark Smith, manager of coffee shop** to meet and induct **John Brown** at 10am on xx date at their premises: **Wingate Hotel, 11 Kensington Palace Gardens SW10 8EN.**

The following training objectives will be met and all participants will complete a feedback form at the end of the swap.

- **Health and safety**
- **Operation of TZ coffee machine**
- **Making different styles of coffees and finishing**
- **Cleaning & hygiene processes**

During the swap any issues for both employee/employer will be reported to their respective line managers immediately and the Hospitality project Swaps coordinator, **XXX XXXX.**



Signatures

Employer Name	Short Stay Hotel		
Name of assigning manager			
Signature		Date	

Name of Employee undertaking the swap			
Signature		Date	

Receiving Employer Name	Wingate Hotel		
Name of receiving manager			
Signature		Date	

Skills Swap Coordinator	Rinova Ltd		
Name of Skills Swap Coordinator			
Signature		Date	

***Please complete the Employee Profile annex sheet on the next page**



Annex sheet – Employee Profile

Please give a brief profile of the employee here <i>i.e. name, current role any formal training etc.</i>		
Does the employee have any learning issues, Dyslexia, ESOL? Please give details so that they can be adequately supported during in the swap. <i>Tick all those that apply</i>	ESOL	
	Dyslexia	
	Literacy Below L2 GCSE	
	Poor spoken English	
	Poor written English	
	Poor reading skills	
	Hearing impairment	
	Sight impairment	
	Other comments	
Are there any adjustments that may need to be made as a result of the above?		
Does the employee have any medical conditions or take any medication that the receiving employer needs to made aware of during the swap? (<i>i.e. epilepsy, hearing loss, diabetes, asthma, allergies?</i>)		
Please provide emergency contact details for the employee in case of accident, illness or incident.	Name of contact: Contact phone number: Relationship to Employee:	



Appendix 4

SKILLS SWAP EVALUATION SHEET – SENDING EMPLOYER

Name of the employer:

Date of the Skill Swap:

Name of person completing this form:

Evaluating the Skill Swap in practice					
PLEASE TICK AS REQUIRED	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The information given prior to the Skills Swap taking place was adequate					
The duration of the skills swap was sufficient to achieve the outcomes agreed with the employee					
The duration of the skills swap was too short/long (delete as required)					
The Skill Swap was effective and allowed the employee to achieve the outcomes agreed with their line manager					
The Skills swap participant gained the skills agreed in their plan					
The participant has been able to put their skills to good use since returning to their own workplace					
What might they have done differently with hindsight?	Write here...				



Measuring and evaluating impact	
What was the impact of the skills swap for the participant?	Write here...
How did they measure the success of the Swap?	Write here...

Would you recommend the Skills Swap process?			
Please circle to indicate your answer:			
Yes	No	Not sure	Why?

Thank you for your feedback and comments that will help us ensure that we continue to provide high quality swaps and improve the processes involved.



Appendix 5

SKILLS SWAP EVALUATION SHEET – RECEIVING EMPLOYER

Name of the employer:

Date of the Skills Swap:

Name of person completing this form:

Evaluating the Skill Swap in practice					
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The information given prior to the Skills Swap taking place was adequate					
The duration of the skills swap was sufficient to achieve the outcomes agreed with the employee					
The duration of the skills swap was too short/long (delete as required)					
The Skill Swap was effective and allowed the employee to achieve the outcomes agreed with their line manager					
There were benefits (anticipated or otherwise) for staff who were supporting/supervising the participant					
This SS experience has encouraged leadership qualities among for staff at the host employer.					



Is there anything that could have been done differently with hindsight?	Write here...
Measuring and evaluating impact	
What has been the impact of the skills Swap on your staff?	Write here...
How did they measure the success of the Swap?	Write here...

Would you recommend the Skills Swap process?			
Please circle to indicate your answer:			
Yes	No	Not sure	Why?

Thank you for your feedback and comments that will help us ensure that we continue to provide high quality swaps and improve the processes involved.



Appendix 6

SKILLS SWAP EVALUATION SHEET – EMPLOYEE/APPRENTICE

Name of the Employee	
Name of your Employer	
Date of skills swap	
Name of Host Employer	

Evaluating the Skill Swap in practice					
Please tick as required	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The information received prior to the Skills swap taking place was adequate for my needs					
The induction at the host employer was informative and made me feel welcome					
The duration of the skills swap was too long/too short (delete as required)					
I was able to achieve all of the learning outcomes agreed with my employer					
The skills swap resources were suited to my needs and level of understanding					
I learnt something new that has contributed to my development					
I will be able to implement the skills I have learnt in my current position					
The Skills swap met my expectations					
Measuring and evaluating impact					
How has the skills development helped you to progress in your current role?	Write here...				



What were your expectations of the skills swap?	Write here...
Are there any specific skills that you acquired through the skills swap?	Write here...
Will this experience lead to more formal training and qualifications for you?	Write here...
Is there anything that could be improved for future skills swaps?	Write here...
Would you recommend the skills swap to colleagues or other employers? please explain your answer	Write here...

Thank you for your feedback and comments that will help us ensure that we continue to provide high quality swaps and improve the processes involved.



Appendix 7 (optional)

Skills swap Induction Checklist

Name of Skills Swap Participant	Starting day of skills swap	Department

Organization Introduction	Trained by(Manager/Mentor)	Date
INTRO-Information about the organisation, organisational chart		
Services offered		
Organisation policies and rules		
About job	Trained by	Date
Job Description		
Introduction to department/Supervisor and Staff		
Health and Safety Policy	Trained by	Date
Health and safety policy		
Emergency procedures/Safety precautions		
First aid and Fire Safety		
Terms of Skills Swap Agreement	Trained by	Date
<ul style="list-style-type: none"> Understanding of the Skills Swap Agreement Duration Working hours Training objectives (see table below) Obligations 		
Hours, breaks, sick leave		
Equal Opportunities	Trained by	Date
Equal opportunity policy		
Training needs/provision of training		
Evaluation of performance		
Harassment and bullying policy		
Manager/Supervisor/Mentor signature	Skills Swap participant signature	



Skills Training Objectives

DAY	Training Objectives
Day 1	
Day2	
Day 3	
Day 4	
Day 5	
Day 6	
Day 7	
Day 8	
Day 9	
Day 10	
Day 11	
Day 12	
Day 13	
Day 14	
Day 15	
Day 16	
Day 17	



Date assessment was carried out:

What are the hazards?	Who might be harmed and how?	What are you already doing to control the risks?	What further action do you need to take to control the risks?	Who needs to carry out the action?	When is the action needed by?	Done