


WORK EXPERIENCE SELF PLACEMENT FORM

Please ensure that this form is completed in full. Incomplete forms may be returned for completion.

Student's name		
School St Ninians High School 		
EMPLOYER		
Company / Organisation name:		
Nature of business:		No of employees:
Main contact person:		Position:
Workplace address:	Postcode:	EMPLOYER'S LIABILITY INSURANCE
		Insurer:
		Policy number:
Tel:	Mob:	Expiry date:
Email:		Has Insurer been informed?
PLACEMENT DETAILS		
Job Title:		
Job Description: (Please list the key tasks and / or activities that the student will undertake)		
Requirements: (special requirements, including any dress code , that apply to this job)		
No of working days 5	Start date	End date
Working times / meal breaks		
RISK ASSESSMENT		
This risk assessment provides information for parents/carers and students about this work placement. Please list any significant hazards, control measures required to minimise risks, and any activities or locations prohibited to the student.		
Hazards and significant risks (e.g. use of paints and solvents, lifting boxes, hot surfaces/liquids)	Risk control measures (e.g. protective clothing must be worn, students will be shown how to lift correctly etc.)	
Prohibitions (e.g. student will not use guillotines, students must not enter areas designated off limits etc)		

HEALTH & SAFETY CHECKLIST	YES	NO
Do you have a written Health and Safety policy?		
Has a risk assessment been carried out?		
Does the risk assessment take into account the immaturity of the learner?		
Is there someone in overall control of health and safety?		
Have all risks been reduced to their lowest level through a safe system of work?		
Will the student receive an induction in Health and Safety?		
Does the placement require the use of Personal Protective Equipment and has it been agreed who will provide it? e.g. Safety boots		
Do you have systems in place to deal with accidents and administer first aid?		
Have all fire fighting appliances been checked?		
Are appropriate Health and Safety signs (e.g. Fire Exit signs) displayed in the work place?		
Are you aware of child protection issues?		

CONFIRMATION AND AGREEMENT

I confirm that: - to the best of my knowledge and belief, the information given above is correct.
 - I have read the attached Letter of Understanding and that all the points are acceptable to me.

As representative of the employer I agree to the student named above working on our premises, and to abide by all legislation relating to Equal Opportunities, Health and Safety and Child Protection. I will arrange for my Employer's Liability Insurance to provide cover against accident and injury caused to the student by negligence of the employer or another employee and will accept or insure myself against liability for loss, damage or injury caused by the student in the same way as for other paid employees. My company / organisation has prepared a Risk Assessment and a safe system of work which covers all the tasks we expect this student to undertake. I confirm that the current Job Description is correct.

Employer signature

Date

Name

STUDENT

As the student named I agree to take part in this work experience programme. I also agree to hold in confidence any information about the employer's business which I may obtain during this work period and not to disclose such information to any other person without the Employer's permission. I also agree to observe all safety, security and other regulations laid down by the Employer and made known to me either by the Employer's representative or by the displayed instructions. I will pass on to my parent or guardian any information, given to me by my employer, which may affect my personal health, safety or welfare.

Student signature

Date

PARENT / CARER with legal responsibility for the student

As parent / carer of the student named above I confirm that I have read and understood this form, and the Job Description and Health and Safety Statement. I agree to his/her taking part in this Programme and undertake that he/she will observe the conditions set out above. I confirm that he/she does not suffer from any medical or other condition which could result in unnecessary risk to his/her health or safety or to the safety of another person. (Should you be in any doubt please consult the teacher responsible before signing this form).

Parent / Carer signature

Date

Name

TEACHER

As the teacher responsible for Work Experience I hereby give my approval for this work experience placement to go ahead.

Teacher signature

Date