

WORK EXPERIENCE OWN-PLACEMENT STUDENT FORM

SECTION 1: Student Details

Name of Student:	Pronouns:	
School:	Tutor Group:	Gender:
WEX Dates:		

SECTION 2: Ask your work experience employer to complete the information below:

A: Employer Details

Employer Name:	
Type of Business:	
Please give details of your Employer Liability Insurance below:	
Name of Insurer/Position Held:	
Policy Number:	
Expiry Date:	
Does your company have a Health & Safety policy:	Yes/No
If more than 5 employees, does your company have a written risk assessment?	Yes/No
We recommend you notify your insurers that a work experience student will be on the premises.	
	Do procedures comply with COVID-19 Government and PHA Guidelines. Relevant Covid-19 risk assessments or procedures will be drawn to the students attention and may include the need for additional cleaning, handwashing and hygiene procedures, social distancing, use of face-coverings and any actions taken to reduce risks of exposure to coronavirus (COVID-19) in the workplace.

B: OPPORTUNITY DETAILS

Student Placement Opportunity title (e.g. Office Assistant):	
Name of contact at company/organisation:	
Address of Company/Organisation:	
	Postcode:
Email address:	Tel No:
Job title of contact:	

C: VOCATIONAL PROFILE: OPPORTUNITY DESCRIPTION: (TO BE COMPLETED BY COMPANY/ORGANISATION)

<p>*Breakdown of key tasks to be performed by student during work experience placement:</p> <ol style="list-style-type: none"> 1. 2. 3. 4.

SECTION 2 (continued): Ask your work experience employer to complete the information below:

D: Student Information and requirements:

*Dress Code (please tick all that apply):					
<input type="checkbox"/>	Smartcasual	<input type="checkbox"/>	Long hair tied back		
<input type="checkbox"/>	Practical workwear	<input type="checkbox"/>	Minimal, no dangly jewellery		
<input type="checkbox"/>	No jeans or trainers	<input type="checkbox"/>	No jewellery, nail varnish or strong perfume / aftershave		
<input type="checkbox"/>	Enclosed footwear	<input type="checkbox"/>	Safety footwear may be required for site visits, to be discussed		
<input type="checkbox"/>	Safety footwear	<input type="checkbox"/>	Sturdy, flat, enclosed, sensible footwear		
<input type="checkbox"/>	Outdoor clothing	<input type="checkbox"/>	Waterproofs maybe required		
<input type="checkbox"/>	Appropriate sports wear	<input type="checkbox"/>	Other:		
Will any of the following be provided by the organisation? (please tick all that apply)					
<input type="checkbox"/>	Mask	<input type="checkbox"/>	Ear defenders	<input type="checkbox"/>	Apron
<input type="checkbox"/>	Goggles	<input type="checkbox"/>	Safety footwear	<input type="checkbox"/>	Chef's whites
<input type="checkbox"/>	Overalls	<input type="checkbox"/>	Hi-vis jacket	<input type="checkbox"/>	Company top / uniform
<input type="checkbox"/>	Hard hat	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	Other:
Number of working days:					
No.		Start Date:		End Date:	
Meal break details (please tick all that apply):					
<input type="checkbox"/>	Bring own lunch	<input type="checkbox"/>	Meal free (i.e. lunch provided free of charge)		
<input type="checkbox"/>	Bring own drink	<input type="checkbox"/>	Onsite facilities (e.g. canteen, microwave)		
<input type="checkbox"/>	Drinks provided	<input type="checkbox"/>	Purchase off site (e.g. local café)		
Meal break duration:					
<input type="checkbox"/>	30 minutes	<input type="checkbox"/>	45 minutes	<input type="checkbox"/>	1 hour
<input type="checkbox"/>	To be arranged	<input type="checkbox"/>	Mini breaks	<input type="checkbox"/>	Other
*Interview Required: Yes / No		Any Specific Skills Required:			

E: Availability Working days and times (e.g. Mon-Fri 9-5pm):

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SECTION 3: RISK ASSESSMENT

The Management of Health and Safety at Work Regulations place a duty on employers and the self-employed. The duty states that "the employer shall make a suitable and sufficient assessment of the risk to employees." This includes employees who are classed as a child (below minimum school leaving age) and a young person (over minimum school leaving age, but under 18 years of age). Both of these definitions may be relevant to students on work experience. In addition, "Every employer shall, before employing a child, provide the parents/guardians of the child with comprehensible and relevant information on the risks identified by the assessment and the preventative and protective measures"

HEALTH & SAFETY CHECK LIST

	YES	NO
Is there someone in overall control of Health & Safety?		
Do you have a written Health & Safety policy?		
Have risk assessments been carried out?		
Does the risk assessment take into account the immaturity of the learner?		
Have all risks been reduced to their lowest level through a safe system of work?		
Will the student receive an induction in Health & Safety?		
Does the placement require the use of Personal Protection Equipment and has it been agreed who will provide it? (e.g. Safety Shoes)		
Do you have systems in place to deal with accidents and administer first aid?		
Have all firefighting appliances been checked?		
Are appropriate Health & Safety signs (e.g. Fire Exit signs) displayed in the work place?		
Are you aware of your responsibilities with regards to safeguarding children?		

EMPLOYER CONFIRMATION AND AGREEMENT

I confirm that:

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

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 & Safety and Child Protection. I will arrange for my Employers Liability Insurance to provide our 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 the other paid employees. My company / Organisation has prepared a Risk Assessment (if applicable) and a safe system of work which covers all the tasks we expect this student to undertake.

For and on behalf of (company / organisation):	
*Employer Signature:	Print Name:
Date:	Position Held:

PARENT / CARER WITH LEGAL RESPONSIBILITY FOR THE STUDENT AGREEMENT AND CONFIRMATION

As Parent/ Carer of the student named above I can confirm that I have read and understood this form, and the Job Description and Health & 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 & Safety or to the safety of another person. (Should you be in any doubt please consult the Teacher responsible before signing this form). I confirm that if he / she leaves the Employers premises during lunch or break periods, no liability can be accepted by the Employer or the School for any incident that may occur. Once on the placement, Parents should discuss the arrangements for lunch and break periods with their child and make sure they are suitable.

- I confirm that my child will be able to travel to his/her work placement there and back safely.

Signature of Parent / Carer:	
Print Name:	Emergency Contact Details:
Relationship to young person:	Date:

STUDENT AGREEMENT AND CONFIRMATION

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 employers business which I may obtain during this work period and not disclose such information to any other person without the Employers 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 Employers representative or by the displayed instructions. I will pass on to my Parent or Guardian any information, given to me by the Employer, which may affect my personal Health & Safety or welfare.

Student Signature:	
Print Name:	School Name:
Date:	

Any concerns please contact:

SchoolsWorkExperience@ealing.gov.uk