

Work Experience Self Placement Form: 22-26 June 26

Employer Section:

Dear Employer, thank you for offering work experience to this Whitworth Community High School pupil. ***Please note the parent is the organiser of this placement***, however, school has safeguarding duties so following receipt of this placement form, school will e-mail you with further details.

Employer Name & Placement Address

Postcode

Name of Employer Lead Contact

Tel No

Mobile No

Email

Work Experience Job Title

Description of High Risk Activities (please detail any high risk activities such as wearing PPE; working with hand/cutting tools, chemicals, machinery; overnight residentials; regular lone working with one person over long periods; placements located in isolated environments; working with animals; high degree of travelling etc)

Have you provided work experience to under 16s before?

Yes/No

Do you currently employ young people (18 or under?)

Yes/No

Have you carried out a young person's risk assessment?

Yes/No

Do you have a safeguarding policy?

Yes/No

Do you have a fire risk assessment?

Yes/No

Do you adhere to GDPR?

Yes/No

Agreed dates and working hours

I, the employer, confirm that:

- We have Employers Liability Insurance, we will inform our insurance company we have accepted the above named student for work experience and have enclosed a copy of our Employer's Liability Insurance Certificate.
- Our insurer is a member of the Association of British Insurers, or Lloyds.
- We will take all reasonable care of the student's health and safety, recognising his/her inexperience, relative immaturity and lack of awareness of risks.
- We have carried out an appropriate young person's risk assessment.
- We will provide an induction to ensure their health and safety.
- We will provide appropriate training and supervision to ensure their health and safety.
- We have safeguarding policies in place to keep the young person safe.
- We will inform school immediately of any changes or issues before or during the placement.

Signed

Date

___/___/___

Print name

Position in company

Parent Section:

Dear Parent, please use the check boxes below to ensure the placement is safe.

Student Name

Form

I, the parent, confirm that:

- We are assured this work placement is safe.
- We have attached a copy of the Employer's Liability Insurance Certificate.
- The certificate is in date and covers the appropriate week.
- The employer has had previous Work Experience students or employs young people.
- The employer has considered the risks a young person presents in the work place.
- The employer has safeguarding policies in place and a fire risk assessment.

Signed

Date

___/___/___

Print name
