**Work Placement Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Details** | | | |
| First Name |  | Surname |  |
| Date of Birth |  | Gender: | Tutor group: 10 |
| Address  Postcode |  | | |
| Telephone |  | | |
| School | Sandhill View Academy | | |
| Dates of placement | Wednesday afternoon | Start: | End: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employer Details - to be completed by the employer** | | | | | | | |
| Company Name |  | | | | | | |
| Type of Business |  | | | No. of employees | |  | |
| Company Address |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | Postcode |  | |
| **Employer Contact Details** | | | | | | | |
| Main Contact Name | Title: | |  | | | | |
| Position |  | | | | | | |
| Email address |  | | | | | | |
| Phone number | Landline |  | | | Mobile | |  |
| Signature |  | | | | Date | |  |

**IT IS A REQUIREMENT OF WORK EXPERIENCE COMPANIES TO HOLD BOTH PUBLIC AND EMPLOYERS’ LIABILITY INSURANCE POLICIES. DO YOU HAVE THESE POLICIES?** Yes 🞎 No 🞎

|  |  |
| --- | --- |
| Please give details of your Public Liability Insurance | |
| Name of insurer |  |
| Policy Number |  |
| Expiry Date |  |

|  |  |
| --- | --- |
| Please give details of your Employer Liability Insurance | |
| Name of insurer |  |
| Policy Number |  |
| Expiry Date |  |

Does your company have an up to date health & safety policy? Yes 🞎 No 🞎

If more than 5 employees, does your company have a written risk assessment? Yes 🞎 No 🞎

Does your company have a written risk assessment specifically for employing young people? Yes 🞎 No 🞎

*If you don’t currently employ a young person, have not done so in the last few years and are taking on a work experience student for the first time, or one with particular needs, you will need to review your risk assessment before they start.*

|  |  |
| --- | --- |
| **Placement description** | |
| Description of duties |  |
| Hours |  |
| Dress code/PPE |  |

**EMPLOYER AGREEMENT** We will provide a placement for the named student

|  |  |  |
| --- | --- | --- |
| For an on behalf of: (company / organisation) | | |
| Signed | Name (please print in capitals) | Date |
|  |  |  |

**PARENT/CARER AGREEMENT**

I CONFIRM THAT THE PERSON WITH PARENTAL RESPONSIBILITY HAS AGREED TO THE ABOVE STUDENT UNDERTAKING WORK EXPERIENCE AT THE ABOVE PLACEMENT.

|  |  |
| --- | --- |
| Parent/carer name |  |
| Parent/carer signature |  |
| Relationship to student |  |
| Date of consent |  |

**SCHOOL AGREEMENT**

I AGREE TO THIS PLACEMENT, SUBJECT TO A SATISFACTORY HEALTH & SAFETY ASSESSMENT

|  |  |  |
| --- | --- | --- |
| School | Sandhill View Academy | |
| Work Placement Co-ordinator |  | |
| Signature |  | Date: |