|  |  |  |  |
| --- | --- | --- | --- |
| **N:\Downloads\Sandhill-Careers-Logo.png Work Placement Form**  **Student Details** | | | |
| First Name |  | Surname |  |
| Date of Birth |  | Gender |  |
| Address  Postcode |  | | |
| Telephone |  | | |
| School | Sandhill View Academy | | |
| Dates of placement |  | Start: 23/5/22 | End: 27/5/22 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |  |

**IT IS A REQUIREMENT OF WORK EXPERIENCE COMPANIES TO HOLD BOTH PUBLIC AND EMPLOYERS’ LIABILITY INSURANCE POLICIES. DO YOU HAVE THESE POLICIES?**

|  |  |
| --- | --- |
| 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.*

**EMPLOYER AGREEMENT**

We will provide a placement for the named student and we are aware that we will need to complete an **individualised risk assessment** with the student in order to comply with current health and safety legislation. Sandhill View Academy to be provided with a copy of this.

Yes 🞎 (Please tick) **Individualised Risk Assessment** has been submitted with this form

|  |  |  |
| --- | --- | --- |
| 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 |
| Southmoor MAT Careers Advisor |  |
| Signature |  |
| Date |  |