

# Own Placement for Work Experience

St Paul's Catholic School

9<sup>th</sup> – 20<sup>th</sup> January 2023 (2 Weeks)



## Student Details:

Students Name: ..... Tutor group: .....

Estate Only: ..... Post Code: .....

Home Telephone No: ..... Age when on placement: 14-15

## Parent / carer approval to the placement below:

Name..... Signature:..... Date:.....

Parent / Carer emergency contact number.....

## Medical Needs or Adjustments: (to be filled in by the Parent / Carer or Tutor)

Please indicate below any **Medical Needs, Adjustments or Other Factors** that employers should be aware of. Please make it clear how this will affect the student whilst on Work Experience.

### Medical Needs:

.....

### S.E.N. Details:

.....

### EAL Details:

.....

**Criminal Record:** Please indicate if the student has a criminal record or is attached to YOS.

## Parent / Carer Approval:

I understand that once this form is signed and returned to Best Practice Training and Development Ltd, any change/cancellation by me, or my son/daughter will incur an administration charge to the school. At the schools' discretion this may then be passed onto you.

Parent/Carer Signature: ..... Date: .....

# Own Placement for Work Experience

## EMPLOYER DETAILS. THE COMPANY MUST HAVE EMPLOYERS LIABILITY INSURANCE

By completing this form I confirm that I am prepared to offer work experience to the student named above during the "Placement Dates" shown above, subject to the approval of the school attended by the student. **Please contact Best Practice Training and Development if you have any queries on 01923 225225. (PLEASE PRINT)**

Name Of Company: .....

Address: .....

..... Post Code: ..... Tel No: .....

Name of Contact: ..... Position in Organisation: .....

Email Address: ..... Date: .....

Nature Of Work Offered: .....

How do you know this student? ..... Are you a sole trader? Yes / No

Please indicate if your company has in force the following policies. **NOTE: If you do not have adequate insurance cover in place, then the work experience cannot take place. The details of your insurance (not the broker) must be recorded below**

Employers Liability Insurance? Yes / No Date Policy Expires: .....

Insurance Company: ..... Policy Number: .....

Public Liability Insurance? Yes / No Date Policy Expires: .....

Written Health and Safety Policy? (5 or more employees only) Yes / No

**A representative from Best Practice Training and Development will contact you shortly to finalise details and/or arrange a Health & Safety Visit**

**KEY POINTS: (A full list of key points will be left with the employer at the pre-placement health and safety visit)**

1. Work experience is a learning experience and the young person should be given a range of appropriate tasks to do as described in an agreed Job Description
2. The Employer will ensure that a responsible person will plan the work and the young person will receive instructions and supervision during the period of the work experience with an opportunity to discuss their progress at appropriate intervals.
3. The Employer will protect the young person from hazards and significant risks, ensuring they do not carry out work of an unsuitable nature. The employer will provide protective clothing and equipment as necessary, unless this equipment is specified as to be supplied by the student themselves on the agreed Risk Assessment.
4. The work undertaken by the young person whilst on placement will be risk assessed, taking into account the age inexperience and immaturity of each young person Best Practice Training and Development Ltd will communicate the risk assessment to the parent or guardian of the young person prior to the commencement of the placement
5. The young person will not receive any payment for their contribution whilst on work experience; however the Employer may wish to make a contribution directly to the young person towards the cost of meals and travel.
6. The young person will work the hours shown in the agreed Job Description. Not more than 8 hours per day or 40 hours per week.
7. The Employer will ensure that they have current Employer's and Public Liability insurance to cover against accident or injury caused to each young person and will notify their insurers that work experience students will be on placement with them.

### Privacy Notice

I understand that I have a responsibility to provide accurate information and agree that the information I have given is correct to the best of my knowledge. To ensure we can fully support students on their Work Experience placement, the information provided to us may be shared with the student, parents/carers and school as appropriate. Where necessary, Best Practice Training and Development Ltd may provide information to supervisory bodies, such as the Health & Safety Executive to comply with its legal duties. If you have any questions about Data Protection, please contact [Sara Goldie sara@leadersinbusiness.net](mailto:sara@leadersinbusiness.net) By completing this form, you are consenting for the information you provide to be shared with the above parties.

Employers Signature: ..... Date: .....