

WORK EXPERIENCE SELF PLACEMENT FORM



This form **NEEDS TO BE** returned to school no later than: **1st November 2019**

Please complete **all** sections / Please write **very neatly** or in **capitals** / Please use **blue** or **black ink** only

Student Details			
First Name			Surname
Date of Birth			Gender
			F M
School	Altrincham College		Form Group
Dates of placement	02 – 06 March 2020 (1 week)		
What, if any is your connection to the organisation? :			

Company Details – To be completed by the Employer			
Company Name			
Nature of Business			No of Employees:
Company Address:			
Where the placement is taking place, if mobile then registered business address.			
			Post Code
Contact Details			
Main Contact	Mr / Mrs / Ms		
Position			
Email Address **			
	** Where possible this will be our main form of communication, please monitor your junk / clutter mail for an email from '@ourfutures.co.uk'		
Phone Number	Landline		Mobile
Student Supervisor	Mr / Mrs / Ms		
Position			
Email Address**			
Phone Number	Landline		Mobile

Work Experience Job Details – To be completed by the Employer			
Job Title			Department
Days of Work e.g. Mon to Fri		Hours of Work e.g. 9:00 – 17:00	Lunch / break times (duration)
Young people should not work longer than 40 hours over a 5-day period on a 7-8 hour day			
Dress Code / Appearance			
Tasks to be undertaken whilst on placement			
Specific requirements			

Under health and safety law, every employer must ensure, so far as reasonably practicable, the health and safety of all their employees, irrespective of age. As part of this, there are certain considerations that need to be made for young people.

Under the Management of Health and Safety at Work Regulations 1999, an employer has a responsibility to ensure that young people employed by them are not exposed to risk due to:

Lack of experience / being unaware of existing or potential risks and/or / lack of maturity.

Further details of this can be found on the Health and Safety Executive Website:

<http://www.hse.gov.uk/youngpeople/law>

Taking into account the tasks the student will be undertaking please list any significant Risks / Hazards the student should be aware of, any prohibitions and the Control Measures in place:

Risks / Hazards		Control Measures
e.g. Slips and trips, manual handling, equipment.		e.g. Induction, good housekeeping, supervision, training

Prohibitions for the student (any Areas / Tasks that the student should not undertake / enter. Equipment / Machinery that the student should not use):

Employers Liability Insurance

Please attach a current copy of your Employers Liability Insurance Certificate – this form can't be processed without a copy, if it is due to expire before the student starts we will contact you for the new details.

Unfortunately **only those** employers with Employers Liability Insurance may be used for work experience, with the exception of Crown Indemnity.

We recommend that you inform your insurer that you will be taking a student on work experience.

Protecting your privacy is important to us, by signing this form you are agreeing to your information being held on our database. We will not pass your details on to any 3rd party unless it is in relation to a student you are taking on work experience and we will only contact you in relation to work experience/careers events.

Employers Signature

Please sign to confirm you have agreed to this placement, that the student will receive an induction on the 1st morning and that you are happy for a member of Our Futures Ltd to contact you to undertake a Health & Safety Appraisal on behalf of the school where necessary.

Print Name

Position

Signature

Date

If you have already agreed placements via Our Futures for this school / date, please note this placement would be in addition to those already offered.

Please make a note of the dates you have offered this placement in a diary / calendar.