 **St Philip Howard Catholic Voluntary Academy**

 **Work Placement Form- WEX2**

 **WORK EXPERIENCE PLACEMENT FORM - HEALTH AND SAFETY**

 **(For completion by Employer Parent and Student)**

**Completing this form:**

* **Complete all sections. Your placement will help with this.**
* **Employers Liability Insurance – Very Important.**
* **The employer (your placement), the student and their parents must sign off this formy**

|  |  |
| --- | --- |
| **Section 1 - Student Name**:       | **Form**:       |

**Section 2. Details of Your Placement**

|  |  |
| --- | --- |
| **Name of Company/Organisation:**       | **Number of Employees:**       |
| **Type of business:**        |
| **Main Contact: in the Organisation:**       |
| **Workplace address:**           | **Post code:**       |
| **Employer’s liability insurance** |
| **Tel:**       | **Mobile:**  | Insurer:  |
| **Email:**       | Policy number:  |
|  | Expiry date:  |
| **Student Job Role Title:**  |
| **Job Description:** (List the key tasks and/or activities that the student will undertake) |
|       |
|       |
|       |
| **Number of working days:**       | **Start date:**       | **End date:**       |
| **Working hours / meal breaks:**       |
| **Dress Code:**       |

**Section 3 - Risk Assessment**

|  |
| --- |
| This risk assessment provides information for parents/carers and students.Please list any significant hazards associated with this work experience placement, the control measures and personal protective equipment required in order to minimise any risks, and state if there are any activities or locations that will be prohibited to the student. |
| **3.1 Hazards and significant risks (e.g. use of paints and solvents, lifting boxes, hot surfaces/liquids)** |
|       |
|       |
|       |
|       |
| **3.2 Risk control measures (e.g. protective clothing must be worn, students will be shown how to lift correctly)** |
|       |
|       |
|       |
|       |
| **3.3 Prohibitions (e.g. student will not use guillotines, students must not enter areas designated off limits etc)** |
|       |
|       |
|       |
|       |

**EMPLOYER signs this section**

|  |
| --- |
| As representative of the employer, I agree to the student named above working on our premises, and to abide by all legislation relating to Equal Opportunities, Health and Safety and Safeguarding. I will arrange for my Employer’s Liability Insurance to provide cover against accident and injury caused to the student by negligence of the employer or another employee and will accept or insure myself against liability for loss, damage or injury caused by the student in the same way as for other paid employees. My company/organisation has prepared a Risk Assessment and a safe system of work which covers all the tasks we expect this student to undertake. I confirm that the current Job Description is correct. |
| **Employer signature:**       | **Date:**       |
| **Name:**        |

**STUDENT signs this section**

|  |
| --- |
| As the student, I agree to take part in this work experience programme. I also agree to hold in confidence any information about the employer’s business which I may obtain during this work period and not to disclose such information to any other person without the Employer’s permission. I also agree to observe all safety, security and other regulations laid down by the Employer and made known to me either by the Employer’s representative or by the displayed instructions. I will pass on to my parent or guardian any information, given to me by my employer, which may affect my personal health, safety or welfare. |
| **Student signature:**       | **Date:**       |

**PARENT / CARER - with legal responsibility for the student- signs this section**

|  |
| --- |
| As parent / carer of the student named above I confirm that I have read and understood this form, and the Job Description and Health and Safety Statement. I agree to his/her taking part in this Programme and undertake that he/she will observe the conditions set out above. I confirm that he/she does not suffer from any medical condition which could result in unnecessary risk to his/her health or safety or to the safety of another person. (Should you be in any doubt please consult school before signing this form). |
| **Parent / Carer signature:**       | **Date:**       |
| **Name:**        |

**WORK EXPERIENCE TEACHER**

|  |
| --- |
| As the teacher responsible for Work Experience, I hereby give my approval for this work experience placement to go ahead |
| **Teacher's signature:**  | **Date:**  |

**OFFICE USE**

|  |  |  |
| --- | --- | --- |
| Checked | Business Class  | Occupational Risk  **L** M H |
| Contact | Visit | Amended risk L M H |

 **Return this form to Mr Pacey in school – or e-mail to spacey@sph.srscmat.co.uk**