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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Student Details**  To be completed by student and your parent / guardian first. You should also carefully read section 2 once complete. | | | | | | | | | | | | | |
| **Student** | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | |
| School | | Queen’s Park High School | | | | | | | Form group | | |  | |
| Emergency contact and telephone | |  | | | | | | | | | | | |
| Please detail any:   * Medical conditions * Additional needs * Control measures * Medication | |  | | | | | | | | | | | |
| Note: Students should have an up-to-date tetanus injection if they may come into contact with animals or soil during their placement e.g. farming, vets, kennels or stables. | | | | | | | | | | | |
| Placement dates | | 06/12/2021 – 10/12/2021 | | | | | | Period | | | | 5 days | |
| **Student’s agreement** | | | | | | | | | | | | | |
| I agree to undertake this work experience placement. I will keep confidential any information I obtain about the employer’s lawful activities. I will follow all safety, security and other reasonable and lawful instructions from the employer. I know to raise health and safety concerns with my supervisor. I have read and understood the Privacy Statement provided to me. | | | | | | | | | | | | | |
| Sign |  | | Print |  | | | | | | Date | |  | |
| **Parent / guardian’s agreement** | | | | | | | | | | | | | |
| As the parent / guardian of the above named student, I consent to them undertaking this work experience placement. I have included their medical and other needs on this form and understand that the employer will see it. | | | | | | | | | | | | | |
| I consent to my child traveling to other sites in an employer’s vehicle (if applicable) | | | | | | | | | | | | Yes / No | |
| I consent to my child leaving the employer’s premises for lunch (if applicable) | | | | | | | | | | | | Yes / No | |
| Sign |  | | Print |  | | | | | | Date | |  | |
|  | | | | | | | | | | | | | |
| **Section 2: Employer Details**  To be completed by the employer. The student and their parent / guardian should complete Section 1 first. | | | | | | | | | | | | | |
| **Organisation** | | | | | | | | | | | | | |
| Organisation | |  | | | | | | | | | | | |
| Address of placement | |  | | | | | | | | | | | |
| **Contact** | | | | | | | | | | | | | |
| Title e.g. Mr | |  | | | Name | |  | | | | | | |
| Job title | |  | | | | | | | | | | | |
| Telephone | |  | | | | | Mobile | | | |  | | |
| Email | |  | | | | | | | | | | | |
| **Placement** | | | | | | | | | | | | | |
| Placement job title | |  | | | | | | | | | | | |
| Placement job description | |  | | | | | | | | | | | |
| Requirements | |  | | | | | | | | | | | |
| Meal arrangements (e.g. ‘bring money for canteen’) | | (If permitted off site for lunch, parent/guardian permission must be given overleaf) | | | | | | | | | | | |
| Working days and times | |  | | | | | | | | | | | |
| Clothing / PPE | |  | | | | | | | | | | | |
| **Employers’ Liability Insurance**  Students are employees for insurance purposes. You must have valid employers’ liability insurance unless the student is an immediate family member and you are unincorporated. | | | | | | | | | | | | | |
| Insurer |  | | Policy number |  | | | | | | Expiry date | |  | |
| **Risk assessment**  The key findings of your risk assessment must be shared with the student and their parent/guardian.  Please state below or attach the key findings of your risk assessment. | | | | | | | | | | | | | |
| Significant risks | | | | | | Control measures | | | | | | | |
| E.g. Serious injury from moving lorries | | | | | | E.g. Student not to enter loading bay. Made clear on induction and student to be supervised at all times | | | | | | | |
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| **Checklist**  To help ensure you are prepared, please read and tick the below steps. | | | | | | | | | | | | | |
| I have reviewed / amended my risk assessment taking into account the student’s needs  (see the student’s medical / additional needs in Section 1) | | | | | | | | | | | | |  |
| The student will receive an induction on their first day | | | | | | | | | | | | |  |
| The student will be supervised at all times by a responsible and competent person | | | | | | | | | | | | |  |
| The student will receive training, instruction and supervision on any equipment they use | | | | | | | | | | | | |  |
| Personal Protective Equipment is issued when needed as per the risk assessment | | | | | | | | | | | | |  |
| Motor insurance for business purposes is in place  (if applicable and if parent/guardian permission is granted in Section 1) | | | | | | | | | | | | |  |
| **Employer’s agreement** | | | | | | | | | | | | | |
| I am an authorised representative of the employer and agree to accept the student on work experience. The information on this form is correct and up to date. My organisation will maintain Employers’ Liability Insurance for the duration of the placement. I have noted the student’s medical or other needs from Section 1 and will review my risk assessment accordingly. I understand that on receipt of the student's information on this form, I have become a data controller in my own right under the General Data Protection Regulation 2018. | | | | | | | | | | | | | |
| Sign |  | | Print |  | | | | | | Date | |  | |

Thank you for your kind offer. Please make a note of the student’s details and when they will start, then return this form to the student who will hand it in at school.