

# WORK EXPERIENCE SELF PLACEMENT FORM



This form **MUST BE** returned to school no later than: **Friday 11th January 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 Grammar School for Girls	Form Group	
Dates of placement	01 – 05 July 2019 (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			
	Post Code		
Contact Details			
Main Contact	Mr / Mrs / Ms		
Position			
Email Address **			
	<i>** Where possible this will be our main form of communication, please monitor your junk / clutter mail for an email from '@ourfutures.co.uk'</i>		
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			
Specific requirements			
Tasks to be undertaken whilst on placement			

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	e.g. Induction, good housekeeping

**Prohibitions for the student (Areas / Tasks / Equipment / Machinery):**

#### 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 3<sup>rd</sup> 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 1<sup>st</sup> 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.

<b>Print Name</b>	
<b>Position</b>	
<b>Signature</b>	
<b>Date</b>	

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