

Work Experience Private/Own Placement Request 6th-10th July 2020

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO MRS GAULTON, ST MARY'S CATHOLIC SCHOOL.

STUDENT INFORMATION	
STUDENT NAME.....	TUTOR GROUP: AGE:
COMPANY NAME	
Placement Address:	
TELEPHONE:	
Work Experience Job Title:	
Brief Job Details:	
Contact Name Agreeing To Placement:	
Position:	Person To Contact If Different:
Mobile Number:	Position:
Email:	Mobile Number:
Working Hours:	Email:
Clothing Arrangements:	Travel Arrangements
PRE-PLACEMENT INTERVIEW REQUIRED? YES / NO	
Employers offering Work Experience must agree to undergo a Health & Safety check carried out, on behalf of the learning provider, by an approved person. The assessment will cover Health & Safety in the workplace, insurance and work content, in accordance with Department of Education & Skills requirements.	
INSURANCE—Employers Liability insurance and Public liability insurance cover are legal requirements for Work Experience.	
EMPLOYERS LIABILITY INSURANCE:	
Insurance Provider: Policy Number:	
Expiry Date:/...../.....	
PUBLIC LIABILITY INSURANCE:	
Insurance Provider: Policy Number:	
Expiry Date:/...../.....	
Please attach a copy of your insurance details. If this is not possible at the time of completing the form please scan and email a copy to info@stmarys.net FAO: Kerry Gaulton.	

GUIDANCE NOTES

1. Students are classed as Employees for insurance purposes and will be subject to Health & Safety Regulations that legally require them to take proper care of themselves and others in accordance with the Health & Safety at Work Act 1974 - Section 7.
2. The employer will give an induction on the students first day that will include Health and Safety information, an Introduction to the team and tour of the premises.
3. Information on the company's 'Safe Working Practices' including emergency procedures and any relevant risk assessments as well as the job description must be covered.
4. Employers will risk assess the suitability of the work area, including any off site visits, prior to the commencement of the student placement.
5. Employers have primary responsibility for the health and safety of the student and must manage any significant risks.
6. Students will be assigned a supervisor and Employers will ensure the competent supervision of the student/s throughout the placement.
7. The school and the student must undertake, prior to placement, to inform the Employer if the student suffers from any medical/health condition or has any specific learning needs that may create a hazard to the student or to others with whom he/she will be working.
8. At no time will the student be left alone on the premises. The employer will inform the school if placements involve an element of 'one to one' working or 'one to one' travel, schools/parents/carer should consider whether this is a suitable placement for the student.
9. Students may be asked to sign an Employer Confidentiality Agreement
10. Student should adhere to the telephone, mobile, internet and social media policies of the employer.

APPROVAL & DECLARATION

CONFIRMATION OF A WORK EXPERIENCE PLACEMENT OFFER FOR THE ABOVE DATES:

(This section must be completed/authorised by a company manager or supervisor)

The information provided on this document is to the best of my knowledge.

Authorised Employer's Signature:

Print Name:

Position:

Date: