



Year 10 Work Experience Self-Placement Form Monday 15th July – Friday 19th July 2024

This form **MUST BE** completed and returned to your mentor if you are to secure your placement

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

Student Details			
First Name		Surname	
Date of Birth		Gender	F M
College		Tutor Group	
Placement Dates			
Connection to organisation, if any			

Dear Employer,

This form has been given to you following the agreement to a work placement. Please complete the Company details and Job description sections of the form, as well as providing us with a copy of your Employer's Liability Insurance Certificate. This form and certificate should then be returned to the student for delivery to school. Please ensure that you put details of this placement in your diary as the next contact you have may well be from the student just prior to the placement starting.

Thank you for supporting the work experience programme.

Company Details – To be completed by the Employer			
Company Name			
Nature of Business		No of Employees	
Company Address <i>Where the placement will be taking place</i>			
		Postcode	
Contact Details			
Main Contact	Mr/Mrs/Ms		
Position			



Email Address*			
<i>*NB: Where possible this will be our main form of communication.</i>			
Phone Number	Landline		Mobile
Student Supervisor			

Position			
Email Address*			
Phone Number	Landline		Mobile

Work Experience Job Description – To be completed by the Employer

Job Title		Department	
Working Days	From		To
Working Hours	From		To
Lunch Times	From		To
Lunch Arrangements	Staff Canteen / Local Café / Bring Packed Lunch / Provided /		
Dress Code / Appearance / PPE			
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 his or her 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 students 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
Prohibitions for the student (Areas/Tasks/Equipment/Machinery):	

Employers Liability Insurance	
<p>Please attach a current and in-date copy of your Employers Liability Insurance Certificate. This must extend to students on work experience and is a minimum requirement. The work experience placement will not be able to be processed without a copy.</p>	
Have you provided Work Experience placements in the past	
Would you consider offering placements in the future	

Signatures

Employer			
As a representative of the above employer I confirm that the student has a placement with the company on the dates specified, that as a company we have Employers Liability Insurance and I have checked that this extends to students on work experience.			
Name		Position	
Signed		Date	

Parent/Guardian			
As the parent/guardian of the student named, I confirm that I agree to the placement and I am satisfied that it is a suitable environment in which the student may undertake their work experience.			
Name			
Signed		Date	



Ormiston RIVERS Academy

Student

As the student named overleaf, I agree to take part in this work experience scheme. I agree to hold in confidence any information about the Employer's business, which I may obtain during this work period. I also agree to observe all safety and security regulations in accordance with the company policy.

Name

Signed

Date