

ST THOMAS MORE HIGH SCHOOL

WORK EXPERIENCE SELF PLACEMENT



Section 1: To be completed by the **STUDENT**

Student's Name:	Form:
Job Description and Working Hours:	
Mobile Number:	Email address:

Section 2: To be completed by the **EMPLOYER**

Company Name:		
Address:	Contact Name:	
	Tel:	
	Mobile:	
Post code:	Email:	
General Legal Requirements check list (as per HSE website)		✓
I = Insurance, R = Registration, H = H&S, C = Consultation, A = Accident Procedures, F = First Aid		
I	Do you have Employer Liability insurance (covering students on work experience) Policy Number _____	
I	Do you have Public Liability insurance (where appropriate) Policy Number _____	
I	If the student will be a vehicle passenger, do you have current business vehicle insurance	
R	Premises are registered with appropriate authority: HSE or local authority according to the nature of business at a placement	
H	Are there clear responsibilities for health and safety	
H	There is a Health and Safety policy written down where there are 5 or more employees	
H	Do you have the ' Health and safety law: What you should know ' poster displayed and completed (or available as a leaflet)	
H	Do you have written risk assessments	
C	There are arrangements to consult employees on health and safety	
C	There is an employee health and safety representative (if appropriate)	
A	Is there an accident book available	
A	Aware of accident reporting procedures under RIDDOR	
A	Aware of any additional reporting requirements required by organisers or others	
F	There is a qualified first aider or appointed person	

F	First aid equipment is provided and records kept of treatment	
I confirm this placement is not working from home		
Do you require the student takes a negative covid test 24hrs before starting?		
Please confirm your offer of a Work Experience placement (Manager/Supervisor should sign below)		
Signed		Date
Print name		Position

Section 3: To be completed by **PARENT/GUARDIAN**

- I confirm that I have agreed to my son/daughter participating in this placement and will be responsible for his/her actions whilst on placement.
- As parent/guardian of the learner I confirm that I have read the placement details and I am willing for him/her to participate in work experience with the employer for the agreed period of time.
- I also confirm that s/he is medically fit to undertake the placement, and s/he does not suffer from any medical condition which could result in unnecessary risk to his/her health and safety, and/or that of the other people (if in doubt please contact the teacher prior to signing this form). Ensure you have filled in the medical form aswell.
- I confirm that if he/she leaves the employer's premises during lunch break periods, no liability can be accepted by the employer or the School for any incident that may occur. Once on the placement, parents should discuss the arrangements for lunch and break periods with their child and make sure they are suitable.
- I have satisfied myself that the placement is a safe environment for my son/daughter to undertake work experience.

Signed:

Name:

Date:

Completed form to be returned to Mrs Jones - Careers Coordinator