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| **Pupil’s job title during work experience** |
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| **Brief description of pupil duties**  |
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| **Where will the pupil be working?** e.g. building site, office, etc. | **Dress Code and/or Special Clothing Required** *(****You must*** *provide appropriate PPE where necessary)* |
| **How will the pupil be supervised?** | **If one person is supervising the pupil:****Do they have an enhanced DBS check, including a check of the children’s barred list? Yes/No****How are they supervised?** |

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| **Days & Hours of Work** (Please indicate working hours for each day e.g. 9am-5pm. Max 8hrs per day, 40 hrs per week) |
| **MON** | **TUES** | **WEDS** | **THURS** | **FRI** | **SAT** | **SUN** |
|  |  |  |  |  | ***ONLY BY SPECIAL AGREEMENT*** |

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| **Lunch Break Each Day** |  | **Lunch Arrangements:** e.g. canteen, packed lunch, stay on site, can go off site**, etc.** |
| \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ |  |  |

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| **Risk Assessment**  |
| **Do you have 5 or more employees?** | YES | NO  |
| **Do you have a written health and safety policy?** | YES | NO  |
| **Does your existing risk assessment cover young people?** | YES | NO  |
| **Risk level of this placement** | LOW | MEDIUM | HIGH |
| **Are your premises registered with any of the following?**  | Health & Safety Executive  | Local Authority | Other |

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| **Public Liability Insurer** | **Policy Number** | **Expiry Date** |
|  |  |  |

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| **Insurances** (If you are exempt, please attach details) |
| **Employer Liability Insurer** | **Policy Number** | **Expiry Date** |
|  |  |  |
| **Does your insurance policy cover pupils on Work Experience?** (We recommend you notify your insurers that a work experience pupil will be on the premises).  | YES | NO |

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| **Motor Vehicle Insurance -** *'Business Use'* *(only necessary if the pupil is to travel in vehicle)* | YES | NO | N/A |

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| **Selection Process** |
| **I would like to interview any prospective pupil before taking him/her on** | YES | NO | ALREADY COMPLETED |
| *If “Yes”, please indicate an approximate date for the interview, (bear in mind that you will not receive specific pupil details until April/May).* |  |
| **I would like the pupil to supply a brief CV before Work Experience starts** | YES | NO | ALREADY RECEIVED |

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| **Employer** |
| As a representative of the above company, I agree to take an allocated pupil on work experience, under the Education (Work Experience) Act 1973, for the purpose of gaining experience in the workplace. I understand that under health and safety law, employers have the primary responsibility for the health and safety of pupils whilst they are on work experience and as such, they will be covered under Employer Liability Insurance and Public Liability Insurance policies, as are other employees. I confirm that my organisation will hold the appropriate insurances and that these will be current at the time of the placement, unless I provide evidence of an exemption.I acknowledge that if valid insurance details cannot be confirmed by the start of the placement, the placement cannot proceed and any allocated pupil(s) will not attend. I will carry out a health and safety induction on the first day of the placement.Where I have indicated that young people are not covered under our existing risk assessment, the risk level is medium or above, or additional risks have been identified outside of our existing assessment, I will review and supply a copy of the amended / additional risk assessment for the school to share with parent/carers as necessary. I understand that this may change once a pupil has been allocated to me. I have made copies available to anyone who will be supervising the pupil. |
| **Signed:** | **Date:** |
| **Print Name:** | **Job Title:** |

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| **Additional Information** |
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