

WORK EXPERIENCE SELF PLACEMENT FORM



PLEASE NOTE this form **needs to be** returned to school with a **current copy of the**

Employers Liability Insurance Certificate no later than **Monday 22nd January 2024** (in order to be processed)

Please complete **all** sections, write **very neatly** or in **capital**s, use **blue** or **black ink** only.

Student Details			
First Name			Surname
Date of Birth			Form Group
School	Altrincham Grammar School for Girls		
Dates of placement	01-05 July 2024 (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, if mobile then registered business address.			
	Post Code		
Placement Organiser Contact Details			
Main Contact	Mr / Mrs / Ms		
Position			
Email Address (needed) Please print clearly			
Phone Number (needed)	Landline		Mobile
Student Supervisor Contact Details			
Student Supervisor	Mr / Mrs / Ms		
Position			
Email Address			
Phone Number	Landline		Mobile

Work Experience Job Details – To be completed by the Employer					
Student Job Title				Department	
Is the placement predominantly:	Office / Retail / Education	Leisure / Hospitality	Warehouse / Stores	Workshop / Factory / Trades	Other
Please specify					
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					
Tasks to be undertaken whilst on placement					
Specific requirements					

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 e.g. Slips and trips, manual handling, equipment.		Control Measures e.g. Induction, good housekeeping, supervision, training

Will the student be required to travel as part of their role? e.g. to meetings / different locations to work

Please circle : Yes / No NB: if travelling in a company or private vehicle - class one business use insurance must be in place

ANY Prohibitions for the student? (any Areas / Tasks that the student should not enter / undertake. Equipment / Machinery that the student should not use):

Employers Liability Insurance

In order to have a student on placement you need to have Employers Liability Insurance in place: 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 still send a copy and we will contact you for the new details in due course.

Unfortunately **only those** employers with Employers Liability Insurance may be used for work experience, with the exception of Crown Indemnity. **Please be aware that Public Liability or Professional Indemnity is not sufficient.**

We recommend that you inform your insurer that you will be taking a student on work experience.

If you have already agreed placements via Our Futures for this school / date, please note this placement would be in addition to those already offered.

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

Employers Signature

Please sign to confirm you have agreed to this placement, that the student will receive an induction on the 1st 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.**

Print Name	
Position	
Signature	
Date	

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 3rd 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.