

Work Experience | Placement Agreement Form

Rutland House, Second Avenue, Runcorn WA7 2ES

Tel: 0151 511 7300

Email: ces@halton.gov.uk

To be completed by the student:				
Student				
Name				
School	The Grange Academy	Form group		
Emergency contact and telephone				
Health conditions / learning difficulties, control measures and medication needed in the working day				
Placement dates	06/07/2020 to 17/07/2020	Period	10 days	
Student's Agreement				
I agree to undertake this work experience placement. I will keep confidential any information I obtain about the employer's lawful activities. I will follow all safety, security and other reasonable and lawful instructions from the employer. I have read and understood the Privacy Statement provided to me.				
Signed		Print		Date
Parent / Guardian's Agreement				
As the parent / guardian of the above named student, I consent to them undertaking this work experience placement. In the interests of the student, I have included their medical and other conditions on this form and understand it will be seen by the employer.				
I consent to my child traveling to other sites in an employer's vehicle (delete as applicable)				Yes / No
Signed		Print		Date
To be completed by the employer:				
Organisation				
Organisation				
Address of placement				
Contact				
Title e.g. Mr		Name		
Job title				
Email				
Telephone		Mobile		

Please turn over...

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Placement			
Placement job title			
Placement job description			
Requirements			
Clothing / PPE			
Working days and hours			
Meal arrangements (e.g. 'bring money for canteen')	(If permitted off site for lunch, they must have written parent/guardian permission)		
Employers' Liability Insurance			
Students are employees for insurance purposes. Therefore, you must have valid employers' liability insurance.			
Insurer and Policy Number			
Expiry Date			
Health and Safety Assessment			
Please tick as appropriate			
The student will be supervised at all times by a responsible and competent person	<input type="checkbox"/>	Adequate accident and first aid provision has been made	<input type="checkbox"/>
There is a health a safety policy in place (written if 5 or more employees)	<input type="checkbox"/>	The student will be given appropriate training, instruction and supervision on equipment they use	<input type="checkbox"/>
A risk assessment has been completed and control measures put in place (written if 5 or more employees)	<input type="checkbox"/>	Machinery and equipment is properly maintained	<input type="checkbox"/>
The risk assessment will be reviewed, taking into account the student's health, inexperience, immaturity and lack of awareness of risks	<input type="checkbox"/>	Personal Protective Equipment is issued when needed as per the risk assessment	<input type="checkbox"/>
The key findings of the risk assessment and control measures will be shared with the student and their parent/guardian (verbally or written)	<input type="checkbox"/>	Fire escapes are kept clear and a means of detection and raising the alarm is in place	<input type="checkbox"/>
Employer's Agreement			
I am an authorised representative of the employer and agree to accept the student on work experience.			
I confirm that the information on this form is correct and that Employers' Liability Insurance is in place for the duration of the placement.			
If the student has parent/guardian permission (overleaf) to travel off site in an employer's vehicle, I confirm motor insurance for business purposes is in place.			
I understand that on receipt of the student's information on this form, I have become a data controller in my own right under the General Data Protection Regulation 2018.			
Signed		Print	
			Date

Thank you for your kind offer. Please make a note of the student's details and when they will start then return this form to the student who will hand it in at school.