SELF PLACEMENT FORM









This form **NEEDS TO BE** returned to school no later than:

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

Student Details

First Name			Su	rname					
Date of Birth		Form Group							
School									
Dates of placement									
What, if any is your co	onnection 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 ther registered business addres				Post Co	de				
-0		Co	ntact Details	<u> </u>					
Main Contact	Mr / Mrs / Ms								
Position									
Email Address (needed	d)								
Please print clearly									
Phone Number (neede	d) Landline			Mobile					
Student Supervisor	Mr / Mrs / Ms	Mr / Mrs / Ms							
Position									
Email Address									
Phone Number	Landline			Mobile					
Work Experience Job Details – To be completed by the Employer									
Student Job Title				Departn	Department				
Is the placement	Office / Retail	Leisure /	Warehous	e / Worksh	op / Fac	ctory Ot	her		
predominantly:	/ Education	Education Hospitality Stores		/ Trades					
Please specify									
Days of Work		Hours of Work				h / break			
e.g. Mon to Fri		e.g. 9:00 – 17:00 g people should not work longer than 40 hours over a 5-day pe			times (duration)				
	ing people should i	not work longer tha	an 40 hours o	ver a 5-day per	od on a	7-8 hour da	У		
Dress Code / Appearance									
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		Control Measures		
e.g. Slips and trips, manual handling, equipment, covid.		e.g. Induction, good housekeeping, supervision, training		
Will the student travel in a company vehicle as part of		Please circle: Yes / No		
their role		ricuse circle. Tes y 140		
Drobibitions for the student (any Areas / Tasks that the student should not undertake / onter. Equipment / Machinery that				

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

Employers Liability Insurance

In order to have a student on placement if need to have Employers Liability Insurance in place: Please attach a <u>current</u> copy of your Employers Liability Insurance Certificate – this form can't be processed without a copy, <u>if it is due to expire before the student starts we will contact you for the new details.</u>

Unfortunately **only those** employers with Employers Liability Insurance may be used for work experience, with the exception of Crown Indemnity.

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

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.

Employers Signature					
Please sign to confirm you have agreed to this placement, that the student will	Print Name				
receive an induction on the 1 st morning	Position				
and that you are happy for a member of					
Our Futures Ltd to contact you to	Signature				
undertake a Health & Safety Appraisal on behalf of the school where necessary.	Date				

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.