

Work Experience | Placement Agreement Form

Rutland House, Second Avenue, Runcorn WA7 2ES

Tel: 0151 511 7300

Email: ces@halton.gov.uk

Section 1: Student Details

To be completed by student and your parent / guardian. Complete this section first. Please also sign Section 3 overleaf once the form is complete.

Student

| | | | |
|---|--|------------|--------|
| Name | | | |
| School | The Grange Academy | Form group | 10 |
| Emergency contact and telephone | | | |
| Please detail any: <ul style="list-style-type: none"> Medical conditions Additional needs Control measures Medication | Note: Students must have an up-to-date tetanus injection if they may come into contact with animals or soil during their placement e.g. farming, vets, kennels or stables. | | |
| Placement dates | 12th – 16th July 2021 | Period | 5 days |

Section 2: Employer Details

To be completed by the employer. The student and their parent / guardian should complete Section 1 first.

Organisation

| | |
|----------------------|--|
| Organisation | |
| Address of placement | |

Contact

| | | | |
|---------------|--|--------|--|
| Title e.g. Mr | | Name | |
| Job title | | | |
| Email | | | |
| Telephone | | Mobile | |

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, students must provide written parent/guardian permission) |

Please turn over...

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| | | | |
|--|--|-------------|--|
| 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 | | | |
| There is a health a safety policy in place (written if 5+ employees) | | | |
| Risk assessment has been completed and control measures put in place (written if 5+ employees) | | | |
| Risk assessment has be reviewed, taking into account the student's health / needs, inexperience, immaturity and lack of awareness of risks (see the student's medical / additional needs in Section 1) | | | |
| The key findings of the risk assessment and control measures will be shared with the student and their parent / guardian (either verbally or in writing) | | | |
| The student will receive an induction and will be provided with training, instruction and supervision on any equipment they use | | | |
| Adequate accident and first aid provision has been made | | | |
| Machinery and equipment is properly maintained | | | |
| Personal Protective Equipment is issued when needed as per the risk assessment | | | |
| Fire escapes are kept clear and a means of detection and raising the alarm is in place | | | |
| Motor insurance for business purposes is in place (if applicable) | | | |

| | | | | | |
|---|--|-------|--|------|----------|
| Section 3: Signatures | | | | | |
| To be completed by all parties | | | | | |
| 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. | | | | | |
| Sign | | Print | | Date | |
| Parent / guardian's agreement | | | | | |
| As the parent / guardian of the above named student, I consent to them undertaking this work experience placement. I have included their medical and other needs on this form and understand that the employer will see it. | | | | | |
| I consent to my child traveling to other sites in an employer's vehicle | | | | | Yes / No |
| Sign | | Print | | Date | |
| Employer's agreement | | | | | |
| I am an authorised representative of the employer and agree to accept the student on work experience. My organisation will maintain Employers' Liability Insurance for the duration of the placement. I have noted the student's medical or other needs from Section 1 and will review my risk assessment accordingly. 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. | | | | | |
| Sign | | 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.