

Work experience

Placement Agreement Form



Instructions

The employer should complete section 1 and sign section 2.

The student and their parent/guardian should carefully read section 1 and sign section 2.

To make things easier for you, we have already filled in as much information as we can. However, where there is missing or incorrect information, please cross it out and write the correct information next to it.

Section 1a

Placement description			
Student			
Student name		Date of birth	M <input type="checkbox"/> F <input type="checkbox"/>
School		Placement dates	Start: End:
Employer details			
Employer Name		Department <i>(where applicable)</i>	
Employer Address			
Postcode			
Main contact	Title: First name: Last name:	Job title	
Telephone		Email	
Placement			
Job title			
Aims			
Key Tasks			
Requirements			
Clothing/PPE			
Hours			
Meal breaks		Help with costs (Meals)	
Transport		Help with costs (Transport)	
Wheel chair access	Y/N	Disabled toilets	
Interview Date			

Work experience

Placement Agreement Form

Section 1b



Health and safety information			
General information			
Total number of employees		Placement supervisor name	
Insurance			
Employers' liability insurance	Insurer and policy number		Expiry date
Public Liability	Insurer and policy number		Expiry date
Property or Material Damage	Insurer and policy number		Expiry date
Conditions of placement			
You have the same responsibilities for work experience students' health, safety and welfare as you do for other employees.			
The placement			
<ol style="list-style-type: none"> The employer will abide by all pertinent legislation and regulations in respect of the student, including the Equality Act 2010, the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999. The student will not work for more than five days in any consecutive seven day period nor work for more than eight hours a day. In accordance with the Education Act 1996, the student will not receive any payment for this work. The employer may, if they wish, make a contribution directly to the student towards the costs of meals and travel. In case of unauthorised absence, accident or sickness the employer will immediately notify Robert Mays School. 			
Insurance			
5. The employer will maintain employers' liability insurance to cover against liability, loss, damage or injury caused to or by the student. The employer will notify their insurers of all work experience placements and the activities the student will undertake and specifically any activities that are onerous or different from the normal business activities of the employer.			
Safeguarding			
6. The employer must disclose any employees who are disqualified from working with children and young people in accordance with the Criminal Justice & Court Services Act 2000. Any employee falling into this category will not work with the student and Robert May's School will be notified without delay.			
Health and safety			
7. The employer will assess the risks to the student and provide information on the identified risks and control measures to the student's parents/guardian prior to the start of the placement period. The assessment should take into account the young person is under the age of 18 and lacks maturity and experience.			
8. The student will be given an induction on the first day of the placement which will include health and safety, first aid, fire and evacuation procedures.			
9. A competent person will be designated for the welfare and supervision of the student in the workplace. At no time will the student be left unsupervised.			
10. The student will receive appropriate on-going information, instruction and training with their work tasks and on any machinery/tools they will operate. The student will be supplied with protective clothing and equipment as necessary.			
11. Students must not do work of an unsuitable nature, including working at height, operating hazardous machinery or any heavy lifting.			
12. Students will take regular breaks when involved in extensive IT work. Students will be made aware of the hazards of using electrical equipment.			

Work experience

Placement Agreement Form

Section 2



The employer's undertaking			
Employer Name: Address:	<ul style="list-style-type: none"> I am an authorised representative of the employer and will accept the student, _____ (<i>insert name of student</i>), on work experience under the conditions and information in section 1. 		
Signed		Print	
Position		Date	
The student's undertaking			
Student name:	<ul style="list-style-type: none"> I agree to undertake this work experience placement and have read and understood this form. I will keep confidential any information I gain about the employer's lawful activities and will not disclose it to anyone without the employer's permission. I will observe all safety, security and all other reasonable and lawful conditions made known to me by the employer, the employer's representatives, displayed instructions or other written or verbal notices. I will not enter areas/interfere with equipment designated by the employer as off limits. I acknowledge that I have a legal duty to take proper care of myself and others and that it is an offence to misuse or interfere with anything provided in the interests of health and safety. I will notify the employer and my school without delay if I will be absent for any reason. 		
Signed		Print	
Position	Work experience student	Date	
The parent/guardian's undertaking			
Title: First name: Last name:	<ul style="list-style-type: none"> I am the parent/guardian of the above named student. I have read and understood this form and agree to them doing work experience with the above named employer under the conditions in section 1. I will notify the employer and the school without delay if the student will be absent for any reason. In the interests of the student, I confirm that the student has the following medical or other conditions (please detail below or attach): 		
Signed		Print	
Relationship to student		Date	

The completed form to be returned by the student to Mrs Blud. For any queries please email claire.blud@rmays.com or phone 01256 702700