

Self Placement Form

A. PLEASE COMPLETE THIS FORM AND RETURN IT TO THE SCHOOL BY: end of 01/20			
Name:		Male <input type="checkbox"/>	Female <input type="checkbox"/> (please ✓ as appropriate)
School:	Broadoak	Date of Birth:	
Work Experience Dates From:	29/06/20	To:	03/07/20
What, if any, is your connection with the organisation (E.g. Parents work there)?			

B. TO BE COMPLETED BY THE ORGANISATION OFFERING WORK EXPERIENCE			
In accordance with the Department of Education Guidelines to ensure “so far as is reasonably practicable”, the health and safety of students placed on work experience, every placement provider should be visited prior to receiving a student for the 1st time. To assist with this process please complete the following information:			
Company Name:		Nature of Business:	
Company Address:			Post Code:
Telephone Number / Mobile Number (if business is not based at a central point):		Fax Number:	
E-mail Address:			
Contact Name:		Position:	
Pupil's Supervisor:		Position:	
NB: If you do not have Employers Liability Insurance you will be unable to participate in Work Experience.			

DETAILS OF WORK EXPERIENCE OFFERED			
Job Title:		Department:	
Working hours - start & finish times (e.g. 9:00 – 17:00)		Days in work (e.g. Monday-Friday)	
How long is lunch break?		Is the pupil(s) to bring their own lunch?	
Programme of work (e.g. tasks students will undertake):			
Appearance (please explain if there is a dress code the pupil(s) should adopt):			
Any Other Comments:			

Work Experience Health & Safety at Work Act 1974
Risk Assessment Statement

This statement should cover all activity and tasks undertaken by the student, together with any potential exposure to hazards they may encounter in the work place.

Should there be any changes to this statement prior to or during the placement, Broadoak School must be informed immediately.

Your co-operation in completing this document is appreciated.

Hazard(s):	
Control Measures:	
Prohibited Areas:	
Prohibited Equipment:	

*Please enclose a **COPY** of your current **Employers Liability Insurance Certificate** and complete the risk assessment above.

Without Employer Liability Insurance cover, students will be unable to attend their placement.

Please ensure your insurance company are aware that you are taking Pre 16 students on placement

CAN YOU CONFIRM THAT THERE WILL BE AT LEAST 2 EMPLOYEES PRESENT DURING THIS WORK EXPERIENCE PLACEMENT?

Employer please note: it is the employer's responsibility to inform school if a pupil is absent from the workplace by 9.15am. The school telephone number is 0161 776 1977.

WOULD YOU CONSIDER PARTICIPATING IN THE PROGRAMME FOR THE FUTURE?

ARE YOU WILLING TO TAKE STUDENTS WITH LEARNING DIFFICULTIES?

Employers Signature:

Position:

Date:

Parental Signature:

Position:

Date:

Please make a note of the dates and school you have offered a placement to, as the students will not make contact with your company until approximately 4 weeks before the placement begins.