

4. Employer Agreement

Thank you for agreeing to offer a placement.

When you offer a work placement to pupils you have the same responsibilities for their health, safety and welfare as for your workforce. Under Health & Safety law these pupils will be regarded as your employees.

Employers must ensure that they assess the risks to the pupil and put controls in place to reduce these risks. The pupil could be at greater risk in the workplace because of their age, immaturity, and inexperience.

Before the placement begins, a workplace assessor may visit your premises to ensure all current legislation is met. It will be helpful if you have your insurance details available for this visit.

I confirm that:

- I accept responsibility that the company's Public, Employer's Liability and Business Vehicle (if required) Insurance will cover a pupil for the duration of his or her Work Placement.
- The pupil will receive an induction which includes Health & Safety issues covering identified hazards and control measures.
- The pupil will be supervised at all times.

Title First Name Surname

Job Title

Signature

Date

Notes

1. Pupil must complete page 1 fully before giving form to an employer.
2. Employer should complete pages 2 – 4 and return form to the pupil.
3. Guidance Teacher should check form, sign and date it and send to the Work Placement Unit.

Checked by

Guidance Teacher

Date

Work Placement

Self Found Arrangements

School:

Week Beginning:

Return to school by:

1. Pupil Details

Pupil Name

Class Date of Birth

Address

Post Code

Additional medical and educational details (please tick all that apply)

Physical Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Skin Allergies/Eczema	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hearing Impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vision Impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma/Bronchitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Requires regular medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Learning or behavioural disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes, please provide details

Signature of Parent/Carer/ Guardian.....

Date.....

2. Placement Provider

Name of Business/ Organisation	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Telephone number	<input type="text"/>		
Email address	<input type="text"/>		
What is the nature of your business?	<input type="text"/>		

Employer's Liability Insurance

Name of Insurer	<input type="text"/>
Policy Number	<input type="text"/>
Expiry Date	<input type="text"/>

Public Liability Insurance

Name of Insurer	<input type="text"/>
Policy Number	<input type="text"/>
Expiry Date	<input type="text"/>

Business Vehicle Insurance (if required)

Name of Insurer	<input type="text"/>
Policy Number	<input type="text"/>
Expiry Date	<input type="text"/>

3. Placement Details

Job Title	<input type="text"/>			
Description	<input type="text"/>			
Work times	From	<input type="text"/>	To	<input type="text"/>
Lunch arrangements	<input type="text"/>			
Dress Code	<input type="text"/>			
PPE Required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
PPE provided by employer	<input type="text"/>			
PPE to be provided by pupil	<input type="text"/>			

Placement – Main Contact

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Job Title	<input type="text"/>				
Telephone no.	<input type="text"/>				
Mobile no.	<input type="text"/>				
Email address	<input type="text"/>				

Placement Supervisor (only complete if different from Main Contact above)

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Job Title	<input type="text"/>				
Telephone no.	<input type="text"/>				
Mobile no.	<input type="text"/>				
Email address	<input type="text"/>				

Correspondence to be sent to (please tick one box only)

Main Contact	<input type="checkbox"/>
Placement Supervisor	<input type="checkbox"/>