

Work experience placement request



Student details		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Tutor group
First name	Surname	Date of birth	
Employer details			
Company name		Contact name	
Address			
Postcode			
Telephone		Mobile	
Email		Supervisor	
Placement details			
From	To	Days	
Job title Classification i.e. engineering, computers, retail			
Job description (this section is essential for our students so please complete fully)			
Daily start time		Daily finish time	
Lunch arrangements		Clothing requirements	
Insurance			
Does your company have Public Liability <input type="checkbox"/> Employers' Liability <input type="checkbox"/>			
As a representative of the above employer, I agree to the student named above working on my premises. We confirm that:			
<ul style="list-style-type: none">• students on work experience will carry out meaningful work as described in an agreed job description• we will ensure that the work will be planned by a responsible person and that the student will receive appropriate induction, instructions, and supervision at all times during the work experience placement• for new placements we agree to a visit from a placement assessor who will assist us in setting up a meaningful and safe placement and advise us with regard to any specific legal requirements and duties such as child protection, young people at work, etc			
We recognise that any student on work experience is regarded as an employee for the purposes of Health and Safety legislation and our associated duty of care.			
Risk Assessment			
Health and safety induction: full induction before work commences			
Equipment/machinery: hand tools only unless full training and one-to-one supervision provided			
Placement health limitations specified by employer			
Name (print)		Position	
Signed		Date	