



Work Experience Self-Placement Form

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE SCHOOL BY MONDAY 29th APRIL

A. STUDENT / SCHOOL Section			
Name:		Male <input type="checkbox"/> Female <input type="checkbox"/> (please ✓ as appropriate)	Tutor Group:
School:	North Cestrian School, Dunham Road, Altrincham Cheshire WA14 4AJ 0161 928 1856	Date of Birth:	
Work Experience Dates From:	15th July 2019	To:	19th July 2019
What, if any, is your connection with the organisation (e.g. Parents work there)?			

B. EMPLOYER Section			
Company Name: (in capitals)			
Nature of Business:		No of Employees:	
Company Address: (where the student <u>will be based</u> in capitals)		Post Code:	
Telephone Number / Mobile Number (if business is not based at a central point):		Fax Number:	
E-mail Address:			
Contact Name: (in capitals)	Mr / Mrs / Ms	Position:	
Pupil's Supervisor:		Position:	

C. 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 to Friday)	
How long is Lunch / Break times:		Student to bring their own lunch?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please ✓ as appropriate)
Programme of Work (e.g. tasks students will undertake):	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Appearance (please explain if there is a dress code the pupil(s) should adopt) inc PPE:	<hr/> <hr/> <hr/> <hr/>		
Any Other Comments:			

**This section to be completed by the EMPLOYER:
Work Experience Health & Safety at Work Act 1974
Risk Assessment Statement**

The placement should complete the form below and 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 the school must be informed immediately.

Your co-operation in completing this document is appreciated.

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

Do you have Employers Liability Insurance?	YES / NO*
Please attach a copy of your current Employers Liability Insurance Certificate to this form.	

***Please Note:** We regret that only those employers with Employers Liability Insurance may be used for work experience, with the exception of Crown Indemnity.

EMPLOYER

Please sign here to confirm that a) you have agreed to this placement with the student and b) you are also happy for a member of our team to visit you and carry out a health and safety risk assessment on behalf of the school.	Print name Signed Date
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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 approx 4 weeks before the placement begins.

PARENT/GUARDIAN

I agree to my son/daughter carrying out the placement detailed on this form	Print name Signed Date
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