

Health and Safety check list	YES	NO
Is there someone in overall control of health and safety? Name :		
Do you have a written Health and Safety policy? Date Last Reviewed:		
Have risk assessments been carried out to their lowest level through a safe system of work?		
Is the placement in a high-risk environment?		
Are there any significant risks to the student that we need to be aware of?		
When you induct students, will you explain the risks, how they are controlled? whilst checking that they understand what they have been told? (Includes site tour, first aid, fire, prohibited areas)		
You will check that students know how to raise any health and safety concerns?		
Do you have a first aid kit, accident book and will you report any (RIDDOR) accidents? Name of appointed first aider:		
Do you have fire extinguishers? and means of raising an alarm? Date extinguishers last checked:		
Are appropriate Health and Safety signs (e.g., Fire Exit signs) displayed in the workplace?		
Have you read our Child Protection Guidance and understand your safeguarding responsibilities?		

Prohibitions (e.g., student will not use guillotines, students must not enter areas designated off limits etc)

EMPLOYER CONFIRMATION AND AGREEMENT

I confirm that: - to the best of my knowledge and belief, the information given is correct.
- I have read the attached Letter of Understanding, child protection guidance and that all the points are acceptable to me.

As representative of the employer I agree to the student named above working on our premises, and to abide by all legislation relating to Equal Opportunities, Health and Safety and Child Protection. I will arrange for my Employer's Liability Insurance to provide cover against accident and injury caused to the student by negligence of the employer or another employee and will accept or insure myself against liability for loss, damage or injury caused by the student in the same way as for other paid employees. My company/organisation has prepared a Risk Assessment (if applicable) and a safe system of work which covers all the tasks we expect this student to undertake.

Employer signature _____ Date _____

Name _____ Position _____

STUDENT

As the student named, I agree to take part in this work experience programme. I also agree to hold in confidence any information about the employer's business which I may obtain during this work period and not to disclose such information to any other person without the Employer's permission. I also agree to observe all safety, security and other regulations laid down by the Employer and made known to me either by the Employer's representative or by the displayed instructions. I will pass on to my parent or guardian any information, given to me by my employer, which may affect my personal health, safety or welfare.

Student signature _____ Date _____

PARENT / CARER with legal responsibility for the student

As parent / carer of the student named above I confirm that I have read and understood the information on this form. I agree to them taking part in this programme and undertake that they will observe the conditions set out above. I confirm that they do not suffer from any medical or other condition which could result in unnecessary risk to their health or safety or to the safety of another person. (Should you be in any doubt please consult the teacher responsible before signing this form).

I confirm that if they leave the employer's premises during lunch or break periods, no liability can be accepted by the employer or the school for any incident that may occur. Once on the placement, parents should discuss the arrangements for lunch and break periods with their child and make sure they are suitable.

Signature of Parent / Carer _____ Date _____

Name _____