FEB 2025 WORK EXPERIENCE OWN PLACEMENT FORM



To be completed by employer – Parent / carer / student to send back to school with programme fee

INSTRUCTIONS TO SCHOOL: Please ensure ALL sections are completed and readable. All 3 signatures are required for forms to be processed by EBP South. Illegible forms will be returned and may cause a delay to the placement.

Student's Name:				Date of Birth:		
School:				Year Group:		
WEX Start Date:	WEX E	WEX End Date:				
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	'EMPLOYER'S	I IA RII ITV INICI	I IDANICE'			
Employer MUST have 'Employer'		_		ment to be accepted by ERD South		
Employer MUST have 'Employer's Liability Insurance' in place for a placement to be accepted by EBP South.						
Placements will be <u>DECLINED</u> without correct insurance details in place. Please add details below and attach a copy of your certificate to this form <u>or</u> email a copy to						
		•				
wexchecks@ebpsouth.co.uk stating your company r						
ELI Insurer Name:	ELI Policy No			ELI Expiry Date:		
Employers Details	How is the student known to you?					
Company name:		No. of employees:				
Main contact person:			Position:			
Workplace address: Postcode		:	Tel:			
			Mob:			
			Email: (P	Please provide an email address)		
Is this a home address? (Please circle) YES / NO						
Placement Details						
Job Title:						
Job Description (Please list the key tasks and / or activities that the student will undertake):						
Too bescription (Frease list the key tasks and / Or activities that the student will undertake).						
Dress Code (Circle applicable): Smart Casual Practical Workwear Overalls Safety Footwear						
No Trainers No Je			Hair Tied B	•		
Working Days:		Start/Finish Times:				
Any other information? (e.g. other dress code, PPE or any weekend work)						
(e.g. ee	oue, o. u,e.	icina ironi,				
Would you offer Work Experience Opportunities to future students? YES NO						
If YES How many students at one time? How many placements yearly?						
Risk Assessment						
The Management of Health and Safety at Work SHALL make a suitable and sufficient assessmer This includes employees who are classed as a ch but under 18 years of age). Both of these definit	nt of the risk to emplo nild (below minimum	oyees." school leaving ag	ge) and a you			
In addition, "Every employer SHALL , before employer shall, before employer shall, before employer shall, before employer shall, before employers and shall be shall						

More information available at: https://www.hse.gov.uk/young-workers/employer/work-experience.htm

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 this 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 and how they are controlled? Will you check that they understand what they have been told? (Includes site tour, first aid, fire, prohibited areas)				
Will you 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 were 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 do you understand your safeguarding responsibilities?				
Prohibitions (e.g. student will not use guillotines, students must not enter areas designated off limits)				
FRADI OVED CONFIDMATION AND ACREEMENT				
I confirm that: - to the best of my knowledge and belief, the information given is correct.				
- I have read the attached Letter of Understanding and Child Protection Guidance. All the points are acceptable to	me.			
As a representative of the employer, I agree to the student named above working on our premises. I also agree to abide by all legisla to Equal Opportunities, Health and Safety and Child Protection. I will arrange for Employer's Liability Insurance to provide cover again and injury caused to the student by negligence of the employer or another employee and will accept or insure myself against liability damage or injury caused by the student in the same way as for other paid employees. My company/organisation has prepared a Risk (if applicable) and a safe system of work which covers all the tasks we expect this student to undertake.	nst accid	dent s,		
Employer signature Date				
Name Position	-			
STUDENT				
STUDENT As the student named, I agree to take part in this work experience programme. I also agree to hold in confidence any information ab	out the			
Employer's business which I may obtain during this work period and not to disclose such information to any other person without the permission. I also agree to observe all safety, security and other regulations laid down by the Employer and made known to me either Employer's representative or by the displayed instructions. I will pass on to my parent or carer any information, given to me by my e which may affect my personal health, safety or welfare.	e Emplo er by the	!		
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 the	ctudent	ahovo		
taking part in this programme and that they will observe the conditions set out above. I confirm that they do not suffer from any me condition which could result in unnecessary risk to their health or safety, or to the safety of another person. (Should there be any do contact the employer to discuss further and notify the teacher responsible before signing this form).	dical or	other		
Once on the placement, parents should discuss the arrangements for lunch and break periods with the student to make sure they ar I confirm that if the student leaves the Employer's premises during lunch or break periods, no liability can be accepted by the employ school for any incident that may occur.				
Signature of Parent / Carer Date				
Name				

Updated: 06/24