

# Work Experience - Self Placement - Company Details

This form must be returned to school no later than Friday 2nd February 2024.

## Student Details

\* Indicates required question

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1. First Name \*

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2. Surname \*

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3. Company Name \*

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4. Nature of Business \*

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5. Number of Employees \*

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6. Company Address (where the placement is taking place). If mobile, then registered business address. \*

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7. Main Contact Name - Mr/Mrs/Ms \*

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8. Position \*

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9. Email Address. Where possible this will be our main form of communication. \*  
Please monitor your junk/clutter mail for an email from [graham.baker@hccs.info](mailto:graham.baker@hccs.info)

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10. Telephone Number \*

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11. Student Supervisor - Mr/Mrs/Ms \*

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12. Position \*

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13. Email Address \*

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14. Telephone Number \*

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15. Job Title \*

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16. Department \*

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17. Days of Work \*

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18. Hours of Work - Young people should not work longer than 40 hours over a 5-day period on a 7-8 hour day \*

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19. Lunch / Break Times (Duration) \*

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20. Dress Code / Appearance \*

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21. Tasks to be undertaken whilst on placement \*

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22. Specific requirements \*

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Under health and safety law, every employer must ensure, so far as reasonably practicable, the health and safety of all their employees, irrespective of age. As part of this, there are certain considerations that need to be made for young people. Under the Management of Health and Safety at Work Regulations 1999, an employer has a responsibility to ensure that young people employed by them are not exposed to risk due to: Lack of experience / being unaware of existing or potential risks and/or lack of maturity. Further details of this can be found on the Health and Safety Executive Website: <http://www.hse.gov.uk/youngpeople/law>

- 23. Taking into account the tasks the student will be undertaking please list any significant risks/hazards the student should be aware of, eg, slips and trips, manual handling, equipment. \*

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- 24. Taking into account the tasks the student will be undertaking please list any prohibitions and the Control Measures in place, eg, induction, good housekeeping, supervision, training. \*

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- 25. Prohibitions for the student (any Areas / Tasks that the student should not undertake / enter. Equipment / Machinery that the student should not use): \*

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Please attach a current copy of your Employer's Liability Insurance Certificate - this form can't be processed without a copy. If it is due to expire before the student starts we will contact you for the new details. Unfortunately only those employers with Employer's Liability Insurance may be used for work experience, with the exception of Crown Indemnity. We recommend that you inform your insurer that you will be taking a student on work experience.

26. Employer's Liability Insurance Certificate \*

Files submitted:

Protecting your privacy is important to us. By signing this form you are agreeing to your information being held on our database. We will not pass your details on to any third party unless it is in relation to a student you are taking on work experience and we will only contact you in relation to work experience/careers events.

Please sign to confirm you have agreed to this placement, that the student will receive an induction on the first morning and that you are happy for a member of Holmes Chapel Comprehensive School to contact you to undertake a Health and Safety Appraisal on behalf of the school where necessary.

27. Name \*

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28. Position \*

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29. Date \*

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*Example: 7 January 2019*

If you have already agreed placements for this school / date, please note this placement would be in addition to those already offered.

Please return to [jenny.bayley@hccs.info](mailto:jenny.bayley@hccs.info)

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