

# Wilmslow High School

## Work Experience Self Placement Form

Dates of placement: 8<sup>th</sup> -12th July 2019

Name of student: \_\_\_\_\_ Tutor Group: \_\_\_\_\_

Company Details:

Name of business/organisation:	
Brief description of business/organisation:	
Address:	Telephone:
	Email:
	Contact Name:
Postcode:	

Job Description:

Role/tasks to be completed:			
Hours: from		to	
Lunchtime	From	To	
Arrangements for lunch <i>*please delete as appropriate</i>		Packed Lunch/Canteen/Local Shops	
Any specific clothing requirements			

Health and Safety:

Please confirm the following are correctly in place and will continue to be valid in <b>July 2019</b>	Yes	No
Current Health and Safety Policy (applicable if more than 5 employees)		
Health and Safety Risk Assessments		
Nominated First Aider and First Aid kit.		
Fire Evacuation Procedures		
Have regular Fire Drills		
Maintain Fire Extinguishers		
Clearly identified exits and assembly points		
Induction covering Fire Evacuation, Health and Safety and First Aid arrangements to be provided.		

<b>Has the company had any RIDDOR incidents in the last 12 months?</b>		
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### Employer Liability Insurance

Name of Insurance Company eg:

Zurich \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

### Employer

I confirm that **I/we** can provide a work experience placement for the above named student.

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Carer

I agree to my child taking part in work experience and list below any health and well-being issues which might affect him/her during the placement

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child may leave the premises at Lunchtime **Yes/No**

I consent to my child having photographs taken by Wilmslow High School Staff for display in school or in school publications. **Yes/No**

\* Please delete as applicable

### Student declaration

I confirm I wish to take part in work experience and will observe all Health and Safety procedures as directed.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_