

WORK EXPERIENCE PLACEMENT INFORMATION FORM

To be completed by the EMPLOYER and handed in by the student to TRS (Mrs Sheppard & Mrs Cassar)
Students should keep a copy for their own records

Student Name:
Dates of Work Experience:
School/University:
School Contact:
Email:

Company/Organisation Name:			
Nature of Company Business:			
Company/Organisation Details		Placement Venue Details (if different)	
Address		Address	
Town		Town	
Post Code		Post Code	
Telephone		Telephone	
Fax		Fax	
Email		Email	
Main Contact		Main Contact	
Direct Line		Direct Line	
H&S Contact		H&S Contact	
No. of people employed by company		No. of people based at site	

In which department will the student be based?
Name of student's supervisor and job title:
Details of work experience to be undertaken:
Skills required by student:
Is special clothing required and if so will the company provide this?
Please give an assessment of risks associated with this placement and precautions to be taken by student and employer:

INFORMATION FOR WORK EXPERIENCE STUDENTS

Nearest Rail/Bus Route?			
Working times – Days of week?		Hours?	
Details of normal length and frequency of 'breaks' for students?			
Will your company help with the student's expenses?		Travel	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Lunch	Yes <input type="checkbox"/> No <input type="checkbox"/>
May students eat a packed lunch on your premises?		Yes	<input type="checkbox"/> No <input type="checkbox"/>
Are canteen meals available?		Yes	<input type="checkbox"/> No <input type="checkbox"/> (approx cost £)
Acceptable dress code			
Any other comments			

EMPLOYER'S DECLARATION

I have Employers Liability Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy Number:	
Insurers Name:	Expiry Date:
I have Public Liability Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have notified the company insuring my business of my intentions to accept work experience students on my premises	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have received a copy of 'Notes for Employers' and confirm that I will comply with the Health & Safety guidelines	Yes <input type="checkbox"/> No <input type="checkbox"/>
On student's arrival I will provide a Health & Safety /company procedure induction	Yes <input type="checkbox"/> No <input type="checkbox"/>
This company conducts risk assessments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Before the placement these risk assessments will be reviewed to take account of the needs and abilities of young people (Management of Health & Safety Regulations 1999)	Yes <input type="checkbox"/> No <input type="checkbox"/>
This company has a written Health & Safety policy (required by law for companies with 5 or more employees)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to complete a report form for students accepted for work experience	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed:	Dated:
Name (please print):	Position:

Company information will be stored in a database or data retrieval system for purposes of WEx scheme administration and tracking. Details will only be available to The Ravensbourne School, students and their parents.

Coding boxes for office use – to be completed by School WEx Co-ordinator			
Date of last visit		Risk Band	