Work Experience Self Placement Form: 5-9th July

Romero Catholic Academy Trust

All Saints' Roman Catholic High School, A Voluntary Academy

Employer Section:

Dear Employer, thank you for offering work experience to this All Saints' Catholic High School, Rawtenstall pupil. ***Please note the parent is the organiser of this placement,*** however, school has safeguarding duties so following receipt of this placement form, school will e-mail you with further details.

Employer Name & Placement Address

_____

_____

_____

Postcode_____

Name of Employer Lead Contact

_____

Tel No _____

Mobile No_____

Email _____

Work Experience Job Title_____

Description of High Risk Activities (please detail any high risk activities such as wearing PPE; working with hand/cutting tools, chemicals, machinery; overnight residentials; regular lone working with one person over long periods; placements located in isolated environments; working with animals; high degree of travelling etc)

_____

_____

_____

Will the pupil be working with just one person for long periods of time? **Yes/No**
Have you provided work experience to under 16s before? **Yes/No**
Do you currently employ young people (18 or under?) **Yes/No**
Have you carried out a young person's risk assessment? **Yes/No**
Do you have a safeguarding policy? **Yes/No**
Do you have a fire risk assessment? **Yes/No**
Do you adhere to GDPR? **Yes/No**

Agreed dates and working times _____

I, the employer, confirm that:

- We have Employers Liability Insurance, we will inform our insurance company we have accepted the above named student for work experience and have enclosed a copy of our Employer's Liability Insurance Certificate.
- Our insurer is a member of the Association of British Insurers, or Lloyds.
- We will take all reasonable care of the student's health and safety, recognising his/her inexperience, relative immaturity and lack of awareness of risks.
- We have carried out an appropriate young person's risk assessment.
- We will provide an induction to ensure their health and safety.
- We will provide appropriate training and supervision to ensure their health and safety.
- We have safeguarding policies in place to keep the young person safe.
- We will inform school immediately of any changes or issues before or during the placement.

Signed_____ **Date** ___/___/___

Print name_____

Position in company_____

Parent Section:

Dear Parent, please use the check boxes below to ensure the placement is safe.

Student Name_____ **Form** _____

I, the parent, confirm that:

- We are assured this work placement is safe. ☐
- We have attached a copy of the Employer's Liability Insurance Certificate. ☐
- The certificate is in date and covers the appropriate week. ☐
- The employer has had previous Work Experience students or employs young people. ☐
- The employer has considered the risks a young person presents in the work place. ☐
- The employer has safeguarding policies in place and a fire risk assessment. ☐

Signed_____ **Date** ___/___/___

Print name_____