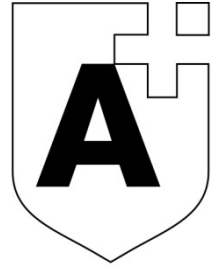


Work Experience

Placement Information Form



Ashcroft

SCHOOL INFORMATION

Ashcroft Technology Academy	Telephone: 020 8877 0356
100 West Hill, London, SW15 2UT	Fax: 020 8877 0617
info@ashcroftacademy.org.uk	Contact: Work Experience Coordinator

TO BE COMPLETED BY THE EMPLOYER

Student Name		Dates of Placement	
Name of organisation offering placement			
Address			
Post code			
Telephone		Fax	
Email			
Contact Name			
Job Title		Direct Line	
Nature of Organisation			
In which department(s) will student be working?	Name of student supervisor:		
Number of employees?	1-4 <input type="checkbox"/>	5-24 <input type="checkbox"/>	25-49 <input type="checkbox"/>
	50-199 <input type="checkbox"/>	200+ <input type="checkbox"/>	

Details of work experience to be undertaken:

Significant hazards the student may be exposed to:

Existing controls(please indicate):

Induction Training Supervision Personal Protective Equipment Other_____

Other Controls implemented to minimise risks (Including prohibited areas/machinery etc):

INFORMATION FOR WORK EXPERIENCE STUDENTS

Nearest Rail/Bus Route?					
Working times	Days of week:		Hours:		Breaks:
Will your organisation help with student's food or transport costs?		Food Transport	(tick) <input type="checkbox"/>	(tick) <input type="checkbox"/>	Details:
Acceptable dress code:					
Do you require student to attend interview?					
Any other Comments:					

EMPLOYER'S DECLARATION

I have Employer's Liability Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have Business Vehicle Insurance (if student will be a vehicle passenger)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have notified my insurers of my intentions to accept work experience students on my premises	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"/>
The organisation has conducted a risk assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Before the placement, the risk assessment will be reviewed to take into account the needs and abilities of young people (Management of Health & Safety Regulations 1999)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
This organisation has a written Health & Safety policy (required by law for organisations with 5 or more employees)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree to complete a report for students accepted for work experience	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I have read the guidelines for employers and fully understand our obligations regarding insurance and Health & Safety at Work regulations.

Signed:	Date:
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 Academy, students and their parents/carers.

PARENTAL CONSENT

As parent/guardian of the learner I confirm that I have read the placement details and I am willing for him/her to participate in work experience with the employer for the agreed period of time. I also confirm that s/he is medically fit to undertake the placement, and s/he does not suffer from any medical condition which could result in unnecessary risk to his/her health and safety, and/or that of the other people (if in doubt please contact the teacher prior to signing this form).

I confirm that if he/she leaves the employer's premises during lunch break periods, no liability can be accepted by the employer or the School for any incident that may occur. Once on the placement, parents should discuss the arrangements for lunch and break periods with their child and make sure they are suitable.

Parent/guardian signature:	<u>All forms need to be returned to the Work Experience Coordinator at the Academy who will make a copy to be given to the student.</u>
Name (please print):	
Date:	