



6th Form Enrichment Work Experience Placement

To ensure all students undertaking enrichment work experience/volunteering with your organisation the following checks are required to ensure we are compliant with all safeguarding checks for young people in accordance with the government document "Keeping Children Safe in Education".

Name of student: _____ Form class: _____

Company Name:		Type of Business:							
Sentence About the Company's field of work									
Address:									
	Postcode:								
Are the premises shared with any other company? YES / NO	If YES give details								
Telephone Number:		Alternative Number:							
E-mail Address:									
Number of Employees on site:		Number of Employees Nationwide:	<table style="display: inline-table; border: none;"> <tr> <td style="padding: 0 10px;">1-10</td> <td style="padding: 0 10px;">11-25</td> <td style="padding: 0 10px;">26-100</td> </tr> <tr> <td style="padding: 0 10px;">101-500</td> <td style="padding: 0 10px;">501+</td> <td></td> </tr> </table>	1-10	11-25	26-100	101-500	501+	
1-10	11-25	26-100							
101-500	501+								
Contact Name: Contact's position:									
Who has overall responsibility for Work Experience (WEX) students:									
Who is the appointed Health & Safety (H&S) Competent Person:									
Will the WEX placement be at the above address?		YES / NO							
If no, what is the placement address?									
PLACEMENT ADDRESS:									
.....									
Postcode:									

WEX Job Title:			
Opportunity Type:	Post 16	Bespoke	Extended
WEX Activities/Duties:			
WEX Hours:	Monday:	Tuesday:	Wednesday:
	Thursday:	Friday:	
Meal Breaks & Facilities:			
WEX Dress Code:			

1. INSURANCE

	Insurance Company	Policy No	Expiry Date	Amount of Cover
Employer's Liability: YES / NO				£
Public Liability: YES / NO				£
Are students covered by these policies? Are students required to travel in company vehicles? If yes, are they covered by the company's Motor Vehicle Insurance policy? Company has business use insurance and experienced driver over 21?				YES / NO YES / NO YES / NO/ NA YES / NO/ NA

2. REGISTRATION

Is the employer registered with an industry linked organisation? Environmental Health (EH), Gas Safe Register (GSR) etc. Please state:	YES/NO/NA
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3. HEALTH & SAFETY POLICY

Review of written H&S Policy (5 or more employees): Does the policy include arrangements for WEX students? How would students be made aware of its contents?	YES / NO/ NA
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4. INFORMATION, INSTRUCTION, TRAINING & SUPERVISION

How will H&S induction and work activity training be provided for students:	
How will Provider keep records of this:	
How will student be supervised and by who:	
Is the H&S Law poster on display or are leaflets given to staff/students?	YES / NO

5. FIRE PRECAUTIONS & EMERGENCY ARRANGEMENTS	
What arrangements are in place to train staff on emergency procedures?	
Does this include fire/evacuation drill?	YES / NO
At the time of the visit, were fire exit doors available, and escape routes unobstructed?:	YES / NO
Are Fire Risk Assessments carried out?	YES / NO
Are fire safety signs displayed?	YES / NO
What firefighting equipment is available?	
Extinguishers: WATER <input type="checkbox"/> CO2 <input type="checkbox"/> FOAM <input type="checkbox"/>	
Fire Blankets: YES / NO checked _____	Date extinguishers last

6. ACCIDENT INVESTIGATION & FIRST AID ARRANGEMENTS	
How are accidents reported:	
By whom:	
What is the procedure for recording & investigating accidents, ill health conditions & 'near miss' incidents, etc.? (e.g. an accident form, investigations by a competent person, corrective actions identified, risk assessments reviewed)	
List details of the first aid facilities & equipment available, including, where appropriate, details of the provisions for transient/peripatetic students in a range of different locations: (e.g. First aid room, first aid kit(s), van kit)	
Are qualified first aiders (or appointed persons) available?	YES / NO

7. RISK ASSESSMENT & CONTROL	
Who is responsible for carrying out general risk assessments as required by the Management of Health & Safety at Work Regulations 1999?	
How have these been recorded?	
How are Risk Assessments carried out to cover Young Persons to take into consideration their immaturity inexperience and adjustments made when/where required? To include any disability and /or medical/health condition.	
When are the risk assessments reviewed: ANUALLY <input type="checkbox"/> 6 MONTHLY <input type="checkbox"/> OTHER <input type="checkbox"/>	
COSHH - How has the Provider carried out an assessment of substances hazardous to health:	

8. PERSONAL PROTECTIVE EQUIPMENT	
What PPE does student need and will it be supplied free of charge:	
Who is responsible for Provision and Maintenance of PPE:	

9. WORKPLACE & WORKING ENVIRONMENT	
Does the students' proposed workplace & working environment appear safe & without risks to health? (E.g. consider temperature, ventilation, & lighting; working space; out of reach storage; safe means of access to & egress from the place of work; clearly defined traffic routes, etc.)	YES / NO
What welfare facilities are available: (e.g. toilets, washing facilities, drinking water, facilities for changing & storing clothing & facilities to rest & eat meals)	
Points to note about conditions:	

10. THE PLACEMENT PROVIDER IS RESPONSIBLE FOR ENSURING THE CORRECT AND LEGAL USE OF MACHINERY AND EQUIPMENT. TO ESTABLISH THIS:-	
What significant risks has the provider identified as significant in the workplace?	
What are the prohibited activities at the placement?	
Which areas are prohibited to student?	
What tools, equipment, machinery and process will the student use (if eligible to use it and after suitable training & assessment)?	
Does your Risk Assessment identify any specific needs for training and supervision?	
IS ELECTRICAL EQUIPMENT PAT TESTED? If 'YES' please add date of last PAT Test	YES / NO Date:

11. CHILD PROTECTION	
What procedures are in place to ensure that staff are aware of safeguarding issues:	
To your knowledge have any members of staff been disqualified from working with children?	YES / NO
Do your staff have DBS	YES/NO
Please state if the DBS is Enhanced or Basic:.....	

GUIDANCE NOTES

1. Students are classed as Employees for insurance purposes and will be subject to Health & Safety Regulations that legally require them to take proper care of themselves and others in accordance with the Health & Safety at Work Act 1974 - Section 7.
2. The employer will give an induction on the students first day that will include Health and Safety information, an Introduction to the team and tour of the premises.
3. Information on the company's 'Safe Working Practices' including emergency procedures and any relevant risk assessments as well as the job description must be covered.
4. Employers will risk assess the suitability of the work area, including any off site visits, prior to the commencement of the student placement.
5. Employers have primary responsibility for the health and safety of the student and must manage any significant risks.
6. Students will be assigned a supervisor and Employers will ensure the competent supervision of the student/s throughout the placement.
7. The school and the student must undertake, prior to placement, to inform the Employer if the student suffers from any medical/health condition or has any specific learning needs that may create a hazard to the student or to others with whom he/she will be working.
8. At no time will the student be left alone on the premises. The employer will inform the school if placements involve an element of 'one to one' working or 'one to one' travel, schools/parents/carer should consider whether this is a suitable placement for the student.
9. Students may be asked to sign an Employer Confidentiality Agreement
10. Student should adhere to the telephone, mobile, internet and social media policies of the employer.

APPROVAL & DECLARATION

The WORK BASED LEARNING (Work Experience) has been assessed and the information requested on the document has been provided to the best of my knowledge.

Authorised
Employer's

Signature:
Print Name:

Position:

Date:

Please return completed form ASAP to Miss D McHugh Deputy Headteacher St Mary's Catholic School



Sixth Form Work Experience Parental Consent Form

STUDENT NAME: _____ **FORM:** _____

This form is to cover consent for St Mary's Sixth Form Students undertaking work experience during Term Time. Parents/Carers are reminded that students are expected to make their own arrangements and own way to work experience and may not be supervised during lunch and work breaks.

Please indicate below if there are any medical conditions or special needs which may affect the type of placement that is suitable;

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.....
.....
.....

RISK ASSESSMENT INFORMATION

Parents are reminded that students are classified as employees for insurance purposes and will be subject to Health and Safety regulations that legally require them to take proper care of themselves and others in accordance with the Health and Safety at Work Act 1974 Section 7.

- Students must follow Health and Safety instructions given to them by the employer.
- Students **MUST NOT** enter areas designated as off limits or use/interface with equipment also considered to be off limits.
- Students should adhere to the telephone, mobile, internet and social media policies of the employer.
- Students may be asked to sign an Employer Confidentiality agreement in addition to the parent/student agreement.
- Students must not accept payment for their work experience role.

STUDENT AGREEMENT

As the student named below I agree to take part in this voluntary experience scheme.

I agree to hold in confidence any information about the Employer's business which I may obtain during my placement and not to disclose such information to another person without the Employer's permission.

I also agree to observe all safety, security and other regulations laid down by the Employer's representatives or by displayed notices.

SIGNED:

.....

DATE:

PARENT/GUARDIAN AGREEMENT

As parent/guardian of the student named I confirm that I agree to his/her taking part in this scheme.

I confirm that he/she does not suffer from any medical condition which could result in an unnecessary risk to his/her health or to the health or safety of another person.

Should you be in doubt, please consult Miss V Workman Director of 6th Form before signing)

SIGNED.....

DATE: