

STUDENT ARRANGED PLACEMENT FORM



STUDENT DETAILS (BLOCK CAPITALS PLEASE)	
School Name: Hungerhill	
Student Name:	Form:
Student Signature:	
COMPANY DETAILS (BLOCK CAPITALS PLEASE OR ATTACH BUSINESS CARD/COMPLIMENTS SLIP)	
Company Name:	
Address:	
	Postcode:
Telephone:	Fax:
WWW:	Email:
COMPANY CONTACT DETAILS (BLOCK CAPITALS PLEASE)	
Contact Name:	Contact Name:
Telephone:	Telephone:
Email:	
JOB DETAILS (BLOCK CAPITALS PLEASE)	
Job Title:	Dates: FROM: Mon 1st July 2019 TO: Friday 5th July 2019
Working Days:	Working Hours:
Tasks/Duties:	

As a representative of the company, I agree to this student undertaking Work Experience placement with us in accordance with the details above. I confirm that the company:

(Please circle as appropriate)

- | | | |
|--|-----|----|
| 1) Is already involved in the Hungerhill Work Experience programme | YES | NO |
| 2) Offers this place in addition to our existing/normal commitment
(Students may already be allocated existing places, please don't let them down.) | YES | NO |
| 3) Is not currently involved in the Work Experience programme, but is willing to provide placements in the future | YES | NO |
| 4) Has Employer Liability insurance (please give details below) | YES | NO |
| Insurance company: _____ Policy number: _____ Expiry date: _____ | | |
| 5) Has a written Health and Safety policy (if 5 or more employees) | YES | NO |

Signature: _____ Date: _____

Thank you for agreeing to take part in this Work Experience placement. Hungerhill will send you confirmation of the allocated student in advance of the placement start date.

Please could you tell us, how did the student find this placement?
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PARENT/CARER'S SECTION

- 1) **PLEASE NOTE THAT** Work Experience is meant to be an experience of work that is interesting and enjoyable and is not intended to be training for a particular career or job.
- 2) **Hours of work – Travelling/Fares – Lunches** Are shown on the Job Description and indicate hours permitted to work including weekend working, travel arrangements and lunches. Also tasks involved in the role and any Personal Protective Equipment needed. Including safety boots (to be provided by student)
- 3) **Please note lunchtimes may not be supervised.**
- 4) **Reporting absence** – It is the Student's/Parent's/Carer's responsibility to contact the School and the Employer if your son or daughter is going to be absent for any reason whilst on placement.
- 5) **Reporting accidents/incidents** – It is the responsibility of the Parent/Carer to contact either the School or the Local Authority about accidents or incidents.

In order for the risk assessment to be carried out according to your son/daughters specific needs this section MUST be completed and returned to school.

Please indicate whether your son/daughter has any of the following health conditions. Please indicate in the box below any other conditions which may effect the work placement.

COLOUR BLINDNESS	YES	NO
IMPAIRED SIGHT	YES	NO
HEARING DIFFICULTIES	YES	NO
ASTHMA	YES	NO
ECZEMA	YES	NO
EPILEPSY	YES	NO
ALLERGIES (incl food)	YES	NO

Please indicate any other condition or information that you feel may be of importance:

As a parent/carer, I support my child's placement choices and travel to work areas and agree to him/her undertaking Work Experience.

Signed: _____ Name: _____ Date: _____

TEACHER'S SECTION

- 1) **Reporting absence** – The school will inform the employer of any absence as soon as it is known and by any meaningful way available.
- 2) **Risk Assessments/Safe systems of Work** – The school will provide any relevant medical and educational details that may effect the risk assessment in the section below.
- 3) **Review** – The school will visit/contact the provider by whichever means appropriate on at least one occasion during the work experience period.
- 4) **Reporting accidents/incidents** – It is the school's responsibility to inform the Principle Health and Safety Officer, Corporate Health and Safety section.

Please identify any information regarding individual students' needs, which may impact upon their health, safety and welfare whilst on placement:

Signed: _____ Name: _____ Date: _____