

WORK EXPERIENCE PLACEMENT INFORMATION FORM (to be completed by the Employer)

Student Name:

Tutor Group:



Dates of Work Experience: **Monday, 10th July – Friday, 14th July 2023**

School: **Darrick Wood School**

School Address: Lovibonds Avenue, Orpington, Kent BR6 8ER

School Contact: Mrs L Collier

Email: l.collier@darrickwood.bromley.sch.uk

Tel: 01689 850 271 ext. 1018

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	
Email		Email	
Main Contact		Main Contact	
Direct Line		Direct Line	
H&S Contact		H&S Contact	
No. of people employed by company		Is the placement venue a private residential address? YES <input type="checkbox"/> NO <input type="checkbox"/>	

In which department will the student be based?
Name of student's supervisor and job title:
Brief details of type of work/tasks to be undertaken during this placement:
Skills required by student:
Is special clothing required e.g. safety boots 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. Alternatively please attach a copy of any relevant Risk Assessments:

INFORMATION FOR WORK EXPERIENCE STUDENTS

Nearest Rail/Bus Route?			
Working times – Days of week?		Working Hours? (Full working day encouraged)	
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"/>
Will the student need to bring a packed lunch?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there facilities on site or shops nearby?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Acceptable dress code (If any special items are required such as safety boots, please indicate if student should provide their own)			
Any other comments			

EMPLOYER'S DECLARATION (please complete in full)

I have Employers Liability Insurance (Mandatory Requirement)		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 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 the student (this is provided in the students work experience diary)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signed:	Dated:
Name (please print):	Position:
Relationship to work experience student: Relative <input type="checkbox"/> Family Friend <input type="checkbox"/> Neither <input type="checkbox"/>	

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 EBP's, schools, students and their parents.

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