



Sandbach School, Crewe Road, Sandbach, Cheshire CW1 3NS

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**Work Experience Self-Placement Form**

Name of Student: \_\_\_\_\_ Form Group: \_\_\_\_\_

**Company details**

Name of Business/Organisation: \_\_\_\_\_

Brief description of the business/organisation:  
 \_\_\_\_\_  
 \_\_\_\_\_

Address:  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email: (IMPORTANT – all communication regarding the placement will be sent electronically)

**Job Description and Essential Risk Factors?**

Student Role / Tasks to be completed:  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any tasks or environments that are considered 'high risk' for the student? Yes or No  
 (Please provide full details e.g. risk level, risk management, supervision and prohibited tasks etc)

NB\*Continue on the back of the form if needed. No 'High Risk' placements or tasks can be authorised

Placement Dates From: Monday 13<sup>th</sup> July 2020 To: Friday 17<sup>th</sup> July 2020

Hours of Work From: \_\_\_\_\_ To: \_\_\_\_\_

Lunch Time From: \_\_\_\_\_ To: \_\_\_\_\_

Any specific clothing or other requirements:  
 \_\_\_\_\_

Arrangements for lunch: (please delete) Packed Lunch / Canteen / Local Shop

**Employer (Thank you for offering a work placement) Please provide Insurance Details**

*I confirm that we can provide a work experience placement for the named student. We will carry out a Health & Safety Induction and have Employers Liability Insurance in place for the agreed dates.*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider of Employer's Liability Insurance: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Parent/Guardian**

*I agree for my child to take part in work experience. I understand that I will need to complete a medical disclosure form to highlight any health or wellbeing issues that could affect my child whilst on their work experience placement. Please sign below to confirm that you are satisfied that the placement detailed above will provide your child with a suitable learning environment.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child can leave the premises at lunchtime: YES / NO I consent to my child having photographs taken: YES / NO

**Student Declaration**

*I agree to take part in work experience and observe all Health & Safety regulations in accordance with the placement's policies. I will follow instructions and work to the best of my ability at all times.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_