



YEAR 12 CONFIRMATION OF PLACEMENT FORM

Makers of the Future – Inspiring Women



Business/Org. Name:			
Type of Business:			
Number of Employees:		1-4	5-19
		20-49	50-199
		200+	
Name of Student:		Form: 12 * Please Complete	
Date & Times of Placement:		12/ 07 / 2021 to: 16 / 07 / 2021	Start time: Finish Time :
Dress Code:			
Address where student will be working, including p/c:			
Contact Name and job title			
Contact Telephone Number:			
Contact Email (Please print):			
Details of work experience to be undertaken:			
I have Employers Liability Insurance with a provider who is a member of the Association of British Insurers which will be in place at the time of the placement and I have notified them of my intentions to accept work experience students on my premises			Yes <input type="checkbox"/> No <input type="checkbox"/>
ELI Provider: * Please complete	ELI Policy Number: * Please complete	Policy Expiry Date: * Please complete	Yes <input type="checkbox"/> No <input type="checkbox"/> Annual renewal?
I have Public Liability Insurance			Yes <input type="checkbox"/> No <input type="checkbox"/>
I confirm that I have read the Work Experience Letter of Understanding for Employers and agree to the terms and conditions			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you employed work experience students in the last three years?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Thinking about the placement and potential student(s), do your current risk assessments address the significant hazards for staff that are broadly similar in maturity and understanding, to that of the work experience student(s)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Work experience students are less likely to be aware of the potential risks due to them being unfamiliar with the work surroundings. With this in mind have you reviewed your risk assessments and relevant policies to ensure the WEX student will understand and follow them?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you satisfied you will provide adequate instruction, training, personal protective equipment and supervision to support the work experience student(s) effectively and confirm students will not be able to access equipment they are legally too young to use?			Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that under health and safety law, work experience students are classed as my employees and as such I have primary responsibility for their health and safety and that the placement does not contravene the 1974 Health & Safety at Work Act			Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the induction cover the basic health and safety, e.g. risk assessments, fire, first aid & accident reporting as well as the less familiar risks work experience students will encounter?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed:		Dated:	
Name (please print):		Position:	

Please return this form to the student.