

Poynton High School Sixth Form

Year 12 Work Experience Self Placement Form

Return completed form to Mrs Bibby, Sixth Form Support Officer, by Friday 22nd March

Please make sure form is fully completed and that it has been signed by the student, parent/carer and employer before handing in.

STUDENT DETAILS

First Name:

Surname:

Date of Birth:

Age at date of placement:

Home Address:

Please give details of any medical or other conditions which could affect your work placement (i.e. hay fever, asthma, eczema, epilepsy, allergies, colour blindness, dyslexia etc):

STUDENT DECLARATION

I agree to take part in the Work Experience scheme.

I agree to hold in confidence any information about the Employer's business which I may become aware of during my placement.

I will observe all Health and Safety or security procedures, wearing any PPE as instructed in accordance with the placement company's policy.

Signature:

Date:

PARENT DECLARATION

As the parent/career of this student, I confirm that I agree to their participation in this work placement and I am satisfied that it is a suitable environment for the student to undertake work experience. I am aware of the work requirements of the placement.

Signature:

Date:

Name (Please Print):

I give permission for the student to leave the employers premises at lunch time: Yes / No

PTO for Employer/Placement Details...

Dear Employer, thank you for agreeing to give our student a work placement and for supporting the Poynton High School Work Experience Programme, 20th to 24th May 2024. Please complete all sections below and then return to the student who will then hand this in at school.
We recommend that you retain a copy of this form for your records.

COMPANY DETAILS (Address of placement)	
Agreed dates of placement: From:..... To:.....	
Company Name:..... Business Description:.....	
Address:.....	
Postcode:.....	
Contact Name:..... Job Title:.....	
Tel No:..... Mobile No:.....	
Email address:	
PLACEMENT DESCRIPTION (Please complete as fully as possible)	
Placement Role/Tasks:.....	
Working Hours: From:..... To:..... Lunch Time: From:..... To:..... Lunch Arrangements: Staff canteen/ Local Shops/ Packed Lunch/ Provided by company (circle as appropriate) Dress/ PPE Requirements:..... Provided by employer? Yes/ No	
Health & Safety Please confirm the following and that they will be in place/valid at the time of the placement	
Current H&S policy (if more than 5 employees)	Yes / No
Health & Safety Risk Assessment	Yes / No
Nominated First Aider and First Aid Kit	Yes / No
Fire Evacuation Procedure & regular Fire Drill	Yes / No
Fire Extinguishers maintained	Yes / No
Clearly identified emergency exits and assembly points	Yes / No
Induction will be provided covering Fire Evacuation, H&S and First Aid and use of PPE where appropriate	Yes / No
EMPLOYER DECLARATION	
I confirm that I am an authorised representative of the company. I confirm that the company has Employer's Liability Insurance and that this covers students on work experience. (N.B This is a requirement and the placement cannot be authorised if this is not confirmed.) Name of Insurance Company:..... Certificate Number:..... Policy Expiry Date:.....	
Signature: Name (Please Print):..... Position:..... Date:.....	

