

# Placement Provider Agreement Form

Monday July 3<sup>rd</sup> – Friday July 7<sup>th</sup> 2023

Completed by **Employer**



## Section A – Employer to Complete

Employer Name	
Employer Address (of placement)	
Name of Contact	
Position held	
Telephone	
Work that company undertakes	
Email address (please print)	

## Section B – Employer to Complete

Key tasks that student will undertake	
Any identified risks that a student may encounter	
Dress code/PPE	
Hours/Breaks	
Interview Date (if applicable)	

	Low risk	Less Familiar risk	High risk
Do you consider the tasks the student will undertake to be:			
Do you consider the working environment to be			

Do you have a young person's risk assessment (for employees under 18)	
Will the student be working away from the company base.	
If <b>Yes</b> , please confirm that the company/employee has business vehicle insurance and that the student will be insured for the journey	

## Section C – Employer to Complete

### Health and Safety Information General Information

<b>Employers' liability insurance</b>	Insurer and policy number	Expiry date
<b>Public Liability</b>	Insurer and policy number	Expiry date

### Conditions of placement

**You have the same responsibilities for work experience students' health, safety and welfare as you do for other employees.**

### The placement

1. The employer will abide by all pertinent legislation and regulations in respect of the student, including the Equality Act 2010, the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999.
2. The student will not work for more than five days in any consecutive seven day period nor work for more than eight hours a day.
3. In accordance with the Education Act 1996, the student will not receive any payment for this work. The employer may, if they wish, make a contribution directly to the student towards the costs of meals and travel.
4. In case of unauthorised absence, accident or sickness the employer will immediately notify All Hallows Catholic School .

### Insurance

5. The employer will maintain employers' liability insurance to cover against liability, loss, damage or injury caused to or by the student. The employer will notify their insurers of all work experience placements and the activities the student will undertake and specifically any activities that are onerous or different from the normal business activities of the employer.

### Safeguarding

6. The employer must disclose any employees who are disqualified from working with children and young people in accordance with the Criminal Justice & Court Services Act 2000. Any employee falling into this category will not work with the student and All Hallows Catholic School will be notified without delay.

### Health and safety

7. The employer will assess the risks to the student and provide information on the identified risks and control measures to the student's parents/guardian prior to the start of the placement period. The assessment should take into account the young person is under the age of 18 and lacks maturity and experience.
8. The student will be given an induction on the first day of the placement which will include health and safety, first aid, fire and evacuation procedures.
9. A competent person will be designated for the welfare and supervision of the student in the workplace. At no time will the student be left unsupervised.
10. The student will receive appropriate on-going information, instruction and training with their work tasks and on any machinery/tools they will operate. The student will be supplied with protective clothing and equipment as necessary.
11. Students must not do work of an unsuitable nature, including working at height, operating hazardous machinery or any heavy lifting.
12. Students will take regular breaks when involved in extensive IT work. Students will be made aware of the hazards of using electrical equipment.

### Section D – Employer to Complete

I am an authorised representative of the employer and will accept the named student on work experience under the conditions and information cited in this document.

Student name:

Employer representative name:

Signed

Date