

Work Experience - Self Placement - Company Details

This form must be returned to school no later than Friday 14th February 2025.

Student Details



The name, email address and photo associated with your Google Account will be recorded when you upload files and submit this form

*** Indicates required question**

First Name *

Your answer

Surname *

Your answer

Company Name *

Your answer



Nature of Business *

Your answer

Number of Employees *

Your answer

Company Address (where the placement is taking place). If mobile, then registered business address. *

Your answer

Main Contact Name - Mr/Mrs/Ms *

Your answer

Position *

Your answer

Email Address. Where possible this will be our main form of communication. *
Please monitor your junk/clutter mail for an email from graham.baker@hccs.info

Your answer



Telephone Number *

Your answer

Student Supervisor - Mr/Mrs/Ms *

Your answer

Position *

Your answer

Email Address *

Your answer

Telephone Number *

Your answer

Job Title *

Your answer

Department *

Your answer



Days of Work *

Your answer

Hours of Work - Young people should not work longer than 40 hours over a 5-day *
period on a 7-8 hour day

Your answer

Lunch / Break Times (Duration) *

Your answer

Dress Code / Appearance *

Your answer

Tasks to be undertaken whilst on placement *

Your answer

Specific requirements *

Your answer



Under health and safety law, every employer must ensure, so far as reasonably practicable, the health and safety of all their employees, irrespective of age. As part of this, there are certain considerations that need to be made for young people. Under the Management of Health and Safety at Work Regulations 1999, an employer has a responsibility to ensure that young people employed by them are not exposed to risk due to: Lack of experience / being unaware of existing or potential risks and/or lack of maturity. Further details of this can be found on the Health and Safety Executive Website: <http://www.hse.gov.uk/youngpeople/law>

Taking into account the tasks the student will be undertaking please list any significant risks/hazards the student should be aware of, eg, slips and trips, manual handling, equipment. *

Your answer

Taking into account the tasks the student will be undertaking please list any prohibitions and the Control Measures in place, eg, induction, good housekeeping, supervision, training. *

Your answer

Prohibitions for the student (any Areas / Tasks that the student should not undertake / enter. Equipment / Machinery that the student should not use): *

Your answer

Please attach a current copy of your Employer's Liability Insurance Certificate - this form can't be processed without a copy. If it is due to expire before the student starts we will contact you for the new details. Unfortunately only those employers with Employer's Liability Insurance may be used for work experience, with the exception of Crown Indemnity. We recommend that you inform your insurer that you will be taking a student on work experience.



Employer's Liability Insurance Certificate *[↑ Add File](#)

Protecting your privacy is important to us. By signing this form you are agreeing to your information being held on our database. We will not pass your details on to any third party unless it is in relation to a student you are taking on work experience and we will only contact you in relation to work experience/careers events.

Please sign to confirm you have agreed to this placement, that the student will receive an induction on the first morning and that you are happy for a member of Holmes Chapel Comprehensive School to contact you to undertake a Health and Safety Appraisal on behalf of the school where necessary.

Name *

Your answer

Position *

Your answer

Date *

Date

dd/mm/yyyy

If you have already agreed placements for this school / date, please note this placement would be in addition to those already offered.



Please return to jill.rawsthorne@hccs.info

Submit

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