



Work Experience Form of Acceptance

Work Experience for St Andrew's & St Bride's High School

Please complete pages 1-3 in full and sign pages 3& 4.

Part 1 - Contact information

Pupil Name:	Class:	Date of Birth:
Pupil Support Teacher:		

Company/Organisation Name ("the placement provider"): _____
Person with responsibility for Work Experience: Title_____ Name_____
Position within the Company/Organisation: _____
Placement Supervisor: Title_____ Name_____
Position within the Company/Organisation: _____
Nature of business:_____
Address of Company/Organisation: _____

Postcode: _____
Tel: _____ Mobile: _____
Fax: _____ E-mail: _____

<p style="text-align: center;">Please return this Form of Acceptance to:</p>

Part 2 – Pupil placement details

Pupil's job title:

Brief description of tasks/duties to be undertaken:

Start Time:

End Time:

Early Finish (State Day)

Dress Requirements:

Smart

Smart/Casual

Casual

Working

Other

Lunch Arrangements

Canteen facility

Free lunch

Provide own lunch

Other

Preferred pupil interests and attributes:

<input type="checkbox"/>	Good communication skills	<input type="checkbox"/>	Ability to work with others	Any other specific requirements: _____ _____ _____ _____
<input type="checkbox"/>	Good literacy skills	<input type="checkbox"/>	Ability to problem solve	
<input type="checkbox"/>	Good numeracy skills	<input type="checkbox"/>	Ability to be resourceful	
<input type="checkbox"/>	Good ICT skills	<input type="checkbox"/>	Ability to work with others	
<input type="checkbox"/>	Shows a positive attitude	<input type="checkbox"/>	Ability to be creative	

Please give details of any medical conditions that are not suitable for your working environment:

Asthma

Colour blindness

Diabetes

Skin conditions

Allergies

Hearing impairment

Epilepsy

Food poisoning organism carrier

Other (please give details below)

Part 3 – Health and Safety and Employee Liability Insurance details.

Please complete this section to provide relevant and accurate evidence of safety standards within your company/organisation. If there are any significant hazards identified, please attach a copy of a young person’s risk assessment.

Indicate below any significant hazards / risks in the duties that the pupil may undertake during work experience placement.

Indicate which of the following control measures will be in place throughout the placement:

- Appropriate instruction/training will be provided to the pupil by a competent person
- Full induction will be undertaken
- The pupil will be supervised and mentored by a competent person at all times
- The workplace is designed to allow safe working, access and egress
- Fire escape routes, sounders and fire fighting equipment instruction will be given
- The pupil will be prohibited from working in hazardous areas
- Operating machinery to be observed only
- All equipment / machinery is maintained and sufficiently guarded
- Pupil only involved in the use of low risk substances
- Instruction on manual handling procedures
- Personal Protective Equipment will be worn at all times
- Appropriate ventilation will be used at all times
- Other (please give details below)

Does your company/organisation have Employee Liability Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employee Liability Insurance details: - Expiry Date: Insurance Company Policy No:	
Will you agree to notify your insurers of your participation in the work experience programme?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you require the school to supply the following safety equipment?

- Safety Boots (to comply with BSI Standard 1870) Yes No
- Overalls Yes No
- Will you be able to supply any additional Personal Protective Equipment Yes No

I hereby acknowledge and confirm that the information which I have provided above is truthful and accurate

Signed by authorised person: _____ **Date:** _____

Printed full name of authorised signatory: _____

For and on behalf of: _____ **(the placement provider)**

South Lanarkshire Council

Letter of understanding between South Lanarkshire Council and organisations providing Work Experience placements.

To ensure that the implications of the work experience scheme and arrangements between the organisation providing work experience placements (“the placement provider”) and the Department of Education in South Lanarkshire are fully understood, the agreement of placement providers with the following provisions is required:

1. The pupil will carry out meaningful work during the period of his/her work experience. The work will be planned by a responsible person and the pupil will be given appropriate instruction before, and supervision whilst, participating in any activity. Under no circumstances will a pupil operate proscribed machinery as defined by legislation.
2. The placement provider providing work experience will ensure that the pupil is not required to operate any hazardous machinery, to work in any hazardous environment, or to carry out any work of an unsuitable or objectionable nature. The placement provider providing work experience placements will ensure that the pupil is working at all times within the guidelines of the Health & Safety at Work Act 1974 and any regulations made under that act. Account must be taken of the Management of Health and Safety at Work Regulations 1999; see the Health and Safety section on the Form of Acceptance for details.
3. The placement provider may be visited by staff of the Council’s Health & Safety Unit to ensure that appropriate standards of health, safety and welfare are being met in relation to the Education Department’s pupils.
4. The pupil will not receive any payment for this work, but if it is possible for the placement provider to supply a mid-day meal, this would be appreciated.
5. The pupil will not be allowed to work outside the hours stipulated in the job description.
6. The pupil and his/her parents will sign an undertaking that he/she will not discuss any information confidential to the placement provider without the placement provider’s approval, and that he/she will obey all safety, security and other instructions given by the placement provider..
7. The pupil’s parents will undertake to ensure that the pupil carries out the obligations contained in clause 6 and will confirm that he/she is not suffering from any condition which will create a hazard to the pupil or those working with him/her.
8. **The placement provider providing work experience placements will ensure that Public and Employee Liability Insurance are extended to cover pupils for the period of work experience. Placement providers must not receive pupils before they have advised their insurers and obtained confirmation of appropriate cover from their insurers.**
9. Pupils on work experience are on an extension of school attendance. Accordingly, where a pupil has an accident or feels unwell, the placement provider must notify, by telephone and without delay, the work experience co-ordinator of the pupil’s school. Pupils should be allowed the use of the “sick room” facilities where available.

I hereby acknowledge and confirm on behalf of _____ (“the placement provider”) that the provisions numbered 1 to 9 and set out above are acceptable to the placement provider and that appropriate insurance cover will be in place for the duration of the work experience placement. I enclose details of the risks notified to me by another employer (only where multi-site contractors are involved):

Signed by authorised person: _____ Date: _____

Printed full name of authorised signatory: _____

For and on behalf of: _____ (the placement provider)