**FORM B Health & Safety Agreement - Private Placement Work Experience 8th – 12th July 2024**

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| Employer Name: | Contact Name: | | Relationship to student |
| Address of business: |  | | |
| Type of business: |  | | |
| Student Name: | DOB: | School Name:  **Davison CE High School for Girls** | |

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| **Questions for Employers:** | | | | | | | |
| 1. Confirm details of contact name, phone number and email | |  | | | | | |
| 1. Second point of contact details: Name, phone number and email | |  | | | | | |
| **3.**Will the student have a Health & Safety and confidentiality briefing/induction at the start of the week including fire evacuation and first aid? | |  | | | | | |
| **4.**Is there a planned and supervised structure in place for the student for the week? *our advice: it is better that they are not 1:1 with an employee for longer than 3 hours per day, if this will be the case parents must be made aware and****they must not be completely unsupervised at any time****.* | |  | | | | | |
| **5.**Please confirm the student will not operate any hazardous machinery or be put in a dangerous environment. | |  | | | | | |
| **6.**Will full health and safety or PPE equipment be issued, if relevant? Does the parent/carer need to provide equipment prior to commencing? | |  | | | | | |
| **7.**Will you brief the student on the first day what your policy is for use of mobile phones and internet? | |  | | | | | |
| **8.**Do you have policies in place to safeguard young/vulnerable people in your workplace | |  | | | | | |
| **9.**Please provide a copy of theEmployers liability policy details | | Insurer: | | Policy no: | | | Expiry Date: |
| **10.** Please provide parents/carers with information regarding the location of the company GDPR statement/policy and confirm that any student’s personal details will be destroyed at the end of their placement. | |  | | | | | |
| **11.** Student’s job title | |  | | | | | |
| **12.** Working hours and lunch break | |  | | | | | |
| **13.** Will you require the student to wear a face covering/mask? | | Yes | No | | Student exempt | | |
| **Please note:**   * **There should be no referring to or pictures of the work experience placement on social media** * **Students are prohibited from exchanging contact numbers, addresses and social media identifications with colleagues, customers or members of the public** * **The Health and Safety of the above student is the responsibility of the contact named above and that of the parent/carer. The school holds no responsibility for the above named student during the work experience week** | | | | | | | |
| **PARENT/CARER SIGNATURE…………………………….**  **EMPLOYER SIGNATURE…………………………………..** | **PRINT NAME………………………………………**  **PRINT NAME………………………………………** | | | | | **DATE……………….**  **DATE………………..** | |