**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
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| 1. Second point of contact details: Name, phone number and email
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| **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**
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| **PARENT/CARER SIGNATURE…………………………….****EMPLOYER SIGNATURE…………………………………..** | **PRINT NAME………………………………………****PRINT NAME………………………………………** | **DATE……………….****DATE………………..** |