



## WORK EXPERIENCE

## Self Found Placement Details

### 1 PLACEMENT PROVIDER

Name of Provider (company/organisation) \_\_\_\_\_

Nature of Business \_\_\_\_\_ No. of Employees \_\_\_\_\_

Placement Organiser/Supervisor \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

### 2 PLACEMENT DETAILS

Placement Title \_\_\_\_\_

Which section/department will the pupil be working in? \_\_\_\_\_

Description of duties \_\_\_\_\_

\_\_\_\_\_

Work Time \_\_\_\_\_ Finish Time \_\_\_\_\_

Lunchtime arrangements \_\_\_\_\_

Duration \_\_\_\_\_ Canteen Facilities Yes  No

Additional Requirements \_\_\_\_\_

### 3 PUPIL DETAILS

Name of Pupil \_\_\_\_\_

Date of Work Experience \_\_\_\_\_

School \_\_\_\_\_ Year \_\_\_\_\_

### 4 PROVIDER'S RISK ASSESSMENT

	Yes	No
Has a Risk Assessment been carried out of the activities in which the pupil will be involved and any other process, procedure or environmental factor by which He/she may be affected	<input type="checkbox"/>	<input type="checkbox"/>
Have you recognised any potentially significant hazards? If so, please complete section 5	<input type="checkbox"/>	<input type="checkbox"/>

**Provider:**  
 The name, address, postcode, telephone & email of the organisation.

**Placement Organiser & Position:**  
 The person with the responsibility for work experience within the organisation. Normally this person will be the contact individual that the pupil reports to on the first morning or when placements are being confirmed.

**Title of placement:**  
 e.g. clerical assistant, sales assistant etc.

**Description of duties:**  
 Details of the types of activities in which the pupil will be involved.

**Work times:**  
 e.g. Monday to Friday  
 9 am – 5 pm

**Lunch arrangements:**  
 Indicate if you will provide lunch, if canteen facilities are available or if the pupil has to bring his/her own lunch.

**Additional Req's:**  
 Please indicate extra details e.g. clothing/dress code. Preferred subjects pupil should be studying

**Pupil:**  
 Please indicate the name, school, year of the pupil and the date of the work experience placement.

**Risk Assessment:**  
 The health, safety and welfare of our pupils is of paramount importance. Please tick the appropriate boxes.

## 5 PROVIDER'S HAZARDS IDENTIFICATION

	Yes	No		Yes	No
<b>Slips/Trips/Falls?</b> <i>(Spillages, trailing cables/flooring)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Hazardous substances?</b> <i>(Cleaning products/oils, etc)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Falls from height?</b> <i>(Platforms/ladders/fragile surfaces)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pressure Systems?</b> <i>(Gas/air/ receivers/steam boilers)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Display screen equipment?</b> <i>(Computers/cash register)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Equipment/Machinery?</b> <i>(mechanical/electrical)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Electricity?</b> <i>(Mains operated &amp; portable appliance)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Transport?</b> <i>(Fork lift trucks/Cars/HGV etc)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Noise?</b> <i>(Machinery/tools/equipment/environment)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Radiation?</b> <i>(X-Ray/UV/lasers/radioactive materials)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vibration?</b> <i>(Machinery/transport/powered hand tools)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Asbestos?</b> <i>(Building maintenance/vehicle repairs)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Working with animals?</b> <i>(Farm/domestic/wild)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Manual Handling?</b> <i>(Lifting/carrying/pushing/pulling etc)</i>	<input type="checkbox"/>	<input type="checkbox"/>

### Hazards:

Please use this checklist to help you identify any significant hazards. Once you have done this it is important to have control measures in place to minimise any associated risk. As well as induction and supervision, control measures may include training, protective equipment or clothing etc.

## 5a PROVIDER'S CONTROL MEASURES

Identify what pupils can and can't use:-

### Control Measures:

Our Health & Safety Officer will call on you to arrange a visit. The Health & Safety Officer will work with you to help you meet your duty of care.

## 5b PERSONAL PROTECTIVE EQUIPMENT

Will this PPE be provided by you? Yes  No

### PPE:

If an identified control measure is to wear or use protective clothing or equipment, please specify what is required e.g. a hard hat, safety boots or special eyewear.

## 6 INSURANCE DETAILS

Does the company have Public & Employers Liability Insurance? Yes  No

Name of Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Date of Expiry \_\_\_\_\_

Is your policy renewed automatically annually? Yes  No

### Insurance:

Please refer to the letter of understanding. There must be Public and Employers Liability Insurance Cover over the period of the placement.

## 7 ACCEPTANCE AND AGREEMENT

### I confirm that -

- I have read the attached letter of understanding between the councils and this firm/organisation, and that all points are acceptable to me and I have taken all appropriate action.
- This company's Public and Employers Liability Insurance will cover a pupil for the duration of his/her Work Experience Placement.
- The pupil will receive induction and instruction, which includes Health & Safety issues covering identified hazards and control measures, by a competent person.
- The pupil will be supervised at all times.
- The details provided may be held on a database to support Work Experience and other similar activities.

Name of organisation \_\_\_\_\_ Signed \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

**Business Liaison Team**  
Ayrshire Chamber of Commerce & Industry  
The Mezzanine, Glasgow Prestwick Int'l  
Airport  
Prestwick, Ayrshire  
KA9 2PL

### FOR OFFICE USE ONLY

Passed to Health & Safety on \_\_\_\_\_ Initials \_\_\_\_\_

Risk **High**  **Med**  **Low**

Next Health & Safety check \_\_\_\_\_