

ID	_		
11)	•		
-	•		

School Work Experience Agreement Form

Agreement Form							
Pupil Information							
Name of Pupil: Reg Class:							
Please complete <u>all</u> sections.							
Braidhurst High School							
Work Experience Dates:							
February 10 th – 14 th or any time during study leave in May that is suitable.							
If different, please state here:							
Employer Information							
Contact Name:							
Organisation:							
Address:							
Tel No: Fax No:							
Email Address:							
Please return the completed form to: Mr Matthew Clarke PT DYW Braidhurst High School Dalriada Crescent Motherwell ML1 3XF Tel: 01698 274999 Email: mclarke@braidhurst.n-lanark.sch.uk							

Office use only:	Issued to pupil	Returned to school	Processed by school	Sent NLC		



Self Found Form

Name of Organisation.					Address.				
Name of Com Contact.	ıpany								
Job Title.									
Phone No.	hone No.		Address where placement will take place if different from above.						
Fax No.									
E Mail.									
Please enter below the name and job title of the competent person responsible for health and safety within your organisation.		Please enter below the name and job title of the person who will be responsible for supervising the pupil within your organisation.							
Name					Name				
Job title				Job title					
Description of undertaken	busine	ess/work							
Total number of people member of people employed by the organisation		e state if the pupil had bers working in the constant is the relation	organisation.	YES 🗆	NO				
				-		-			

2 Giving as much detail as possible please describe all tasks and duties which will be undertaken by the young person during their placement.

Pupil Job Title						
The young person will undertake the following tasks/duties while on work placement and under supervision						
1	4					
2	5					
3	6					

3 **General Information**

Hours of Work Per

Hours of Work Per Week Mon-Fri only		Hours		Lunch E	Break	From:		Т	0:
Placement Start Time	АМ			Finish 1	Finish Time PM				
Hours	Earliest start time 07.30			Earlies	Earliest finish 14.30 Latest finish 17.30				30
Lunch options (Please tick)	Employer Suppli	ed 🗌	Canteen	Access [1	Packed require	d lunch ed 🔲	L	ocal 🗌
Name of person pupil sh	Name of person pupil should report to on day one of placement:								
Any other relevant inforr	nation:								
Please give details below	w of any medical c	onditions tha	at are not su	uitable for y	our work	ing env	rironment:		
Dress Code (Please tick)	Smart	Sr	nart/Casual		Casual		(Other	
Flexible Placement (Ove	Flexible Placement (Over Extended Period of time):								
Start Date/ End Date			Day of Pl	Day of Placement					
Placement Start Time	AM		Finish Tir	Finish Time		РМ			
Lunch options (Please tick)	Employer Suppli	Employer Supplied		ccess 🗌	cess Packe		cked lunch		ocal 🗌
4 Please identify potential hazards									
Machinery	Lack of experience		Fire				orking at hei	ights	
Slip/trip	Moving falling obj	ects	Electricity			1	azardous bstances		
Traffic	Manual Handling		Working v	vith animals	s [oise/Vibratio	n	
Tools/Work	Absence of safety		Display so						
equipment	awareness equipment (Compt work)			t (Compute	er L	_ ha	zards prese	nt	
For each hazard identification	ed above please o	detail contr	ol measure	s in place	to reduc	e risk			
Full Induction to b									
The young person will be supervised and mentored by a competent person at all times									
	Appropriate instruction/training will be given by a competent person Fire escape routes, sounders and fire fighting equipment instruction will be given								
Young persons will be prohibited from working in hazardous areas									
	Observation of work and/or machinery in operation only								
☐ Young person only involved in the use of low risk substances☐ All hazardous machinery will be guarded									
☐ Designated walkways/segregation between pedestrians and vehicles									
☐ Instructed on manual handling procedures									
	to work above a fa								
	ve equipment will b			ime					
☐ Where required local exhaust ventilation will be used at all time☐ Other (please give details below)									

5 **Personal Protective Equipment** Will the young person be required to wear Personal Protective Equipment? (If yes, then no pupil should be permitted to work without wearing YES NO N/A appropriate PPE) **Safety Boots** YES NO N/A Do you wish the school to supply the following safety equipment? **Overalls** YES NO N/A Will the Organisation supply any additional Personal Protective Equipment YES NO N/A required? Insurance Details Does your organisation have Employers' Liability Insurance? YES \Box NO N/A Will you agree to notify your insurers of your participation in the work experience YES NO N/A programme? YES NO N/A Does your organisation have Public Liability Insurance? Employers' Liability Insurance details:-**Expiry Date: Insurance Company Policy No:** A COPY OF THE EMPLOYERS LIABILITY INSURANCE CERTIFICATE MUST BE PROVIDED YES NO Will the pupil be a passenger in a company vehicle? YES NO Will the pupil be accompanied by 2 persons? If no, the staff member MUST be PVG checked, Please provide the: PVG certificate number: PVG certificate expiry date: **Legal Requirements** YES NO П Does your organisation have a written Safety policy? YES NO Has your organisation undertaken risk assessments in relation to the health and safety of employees arising from their work, including Hazardous substances? YES NO Is your Health and Safety Law Poster completed and displayed at the work placement? Has your organisation carried out a fire risk assessment of the premises which includes YES NO provision of firefighting equipment escape routes and final exits? Are there procedures in place for the reporting and recording of accidents/incidents within your YES NO organisation? YES NO Does your organisation have appropriate first aid arrangements and equipment? 8 **General Requirements** INDUCTION Will the pupil be given an induction and guided tour of the premises? NB Inductions should include Introduction to supervisory health and safety staff, safety policy YES NO П and risk assessment, emergency procedures, first aid procedures, incident reporting procedures

Are adequate Welfare facilities (toilet, washing eating and resting) available at the work

YES

NO

WELFARE

placement location

9 Terms of Agreement

To ensure that the implications of the Work Experience programme and arrangements between the firm/organisation providing work experience placements and North Lanarkshire Council Learning & Leisure Services are fully understood, an agreement to the placement providers with the following essential points is required.

- 1. The pupil will carry out meaningful work during the period of his/her work experience placement. The work will be planned by a competent person and the pupil will be given appropriate instruction before, and supervision whilst, participating in any activity. Under no circumstances will a pupil operate machinery prohibited by Learning & Leisure Services as listed in the Health & Safety guidelines or as defined by legislation.
- 2. The firm/organisation 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 firm/organisation providing a work experience placement will ensure that the pupil is working at all times within the Health and Safety at Work etc, Act 1974 as amended and any regulations made under that Act, in particular, the Management of Health and Safety at Work Regulations 1999.
- 3. The firm/organisation may be visited by staff of the Council's Health and Safety unit to ensure that the appropriate standards of Health, Safety and Welfare are being met in relation to the NLC Learning & Leisure Services pupils.
- 4. The pupil will not receive any payment for this work.
- 5. The pupil will not be allowed to work outside the hours stipulated in the job description, or relevant bye laws.
- 6. The pupil and his/her parent/guardian will sign an undertaking that he/she will not disclose any information confidential to the firm/organisation without the firm/organisation's approval, and that he/she will obey all safety, security and other instructions given by the firm/organisation providing the placement.
- 7. The pupil's parent/guardian will undertake to ensure that he/she carries out these obligations and will confirm that he/she is not suffering from any medical condition which could create a hazard to the pupil or those working with him/her.
- 8. The firm/organisation providing a work experience placement will ensure the Public Liability, Employer's Liability, and Vehicular Insurance, if applicable, are extended to cover the pupil for the period of the work experience placement. In this connection it should be noted that there is an agreement between all insurance companies who are parties to the Association of British Insurers that they will provide automatic indemnity to firms/organisations which take pupils on work experience. Firms/organisations must not receive pupils before they have advised their insurers and obtained confirmation of cover from their insurers.
- 9. The pupil on work experience is on an extension of school attendance. Accordingly, where a pupil fails to attend, has an accident or feels unwell, the firm/organisation must notify, by telephone and without delay, the Work Experience Co-ordinator of the pupil's school and the pupil's home if a telephone number is given. If required the pupil should be allowed the use of medical room facilities, where available.
- 10. For Health and Safety purposes, pupils on a work experience placement should be treated as if they were an employee of the firm/organisation
- 11. The person who completes and signs this document on behalf of the firm/organisation, may not be directly responsible for supervising the pupil, therefore NLC Learning & Leisure Services would ask that the pupils direct supervisor/responsible person is made aware of the content the agreement especially in relation to the Health Safety and Welfare including the Prohibited Machinery content.

9 Please Sign

All of the points contained within the Letter of Understanding and the Health and Safety Self Assessment are acceptable to me in respect of this Placement.

also agree to inform the school immediately if the young person is involved in an accident/incide	nt.
lame (PRINT)	
Designation	
Date	