

ID: \_\_\_\_\_

# School Work Experience Agreement Form

## Pupil Information

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

Reg Class: \_\_\_\_\_

Please complete all sections.

## Braidhurst High School

Work Experience Dates:

February 10<sup>th</sup> – 14<sup>th</sup> 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](mailto: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 Company Contact.			
Job Title.			
Phone 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 business/work undertaken			
Total number of people employed by the organisation		Please state if the pupil has any family members working in the organisation.	YES <input type="checkbox"/> NO <input type="checkbox"/>
		<b>If yes, what is the relationship?</b>	

**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 Week Mon-Fri only		Hours		Lunch Break	From:	To:
Placement Start Time	AM			Finish Time	PM	
Hours	Earliest start time 07.30			Earliest finish 14.30	Latest finish 17.30	
Lunch options (Please tick)	Employer Supplied <input type="checkbox"/>	Canteen Access <input type="checkbox"/>	Packed lunch required <input type="checkbox"/>	Local <input type="checkbox"/>		
Name of person pupil should report to on day one of placement:						
Any other relevant information:						
Please give details below of any medical conditions that are not suitable for your working environment:						
Dress Code (Please tick)	Smart <input type="checkbox"/>	Smart/Casual <input type="checkbox"/>	Casual <input type="checkbox"/>	Other <input type="checkbox"/>		

#### Flexible Placement (Over Extended Period of time):

Start Date/ End Date		Day of Placement	
Placement Start Time	AM		Finish Time PM
Lunch options (Please tick)	Employer Supplied <input type="checkbox"/>	Canteen Access <input type="checkbox"/>	Packed lunch <input type="checkbox"/> Local <input type="checkbox"/>

### 4 Please identify potential hazards

Machinery	<input type="checkbox"/>	Lack of experience	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Working at heights	<input type="checkbox"/>
Slip/trip	<input type="checkbox"/>	Moving falling objects	<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Hazardous substances	<input type="checkbox"/>
Traffic	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>	Working with animals	<input type="checkbox"/>	Noise/Vibration	<input type="checkbox"/>
Tools/Work equipment	<input type="checkbox"/>	Absence of safety awareness	<input type="checkbox"/>	Display screen equipment (Computer work)	<input type="checkbox"/>	No significant hazards present	<input type="checkbox"/>

#### For each hazard identified above please detail control measures in place to reduce risk

<input type="checkbox"/>	Full Induction to be undertaken
<input type="checkbox"/>	The young person will be supervised and mentored by a competent person at all times
<input type="checkbox"/>	Appropriate instruction/training will be given by a competent person
<input type="checkbox"/>	Fire escape routes, sounders and fire fighting equipment instruction will be given
<input type="checkbox"/>	Young persons will be prohibited from working in hazardous areas
<input type="checkbox"/>	Observation of work and/or machinery in operation only
<input type="checkbox"/>	Young person only involved in the use of low risk substances
<input type="checkbox"/>	All hazardous machinery will be guarded
<input type="checkbox"/>	Designated walkways/segregation between pedestrians and vehicles
<input type="checkbox"/>	Instructed on manual handling procedures
<input type="checkbox"/>	Pupil not allowed to work above a fall height of 1.5m
<input type="checkbox"/>	Personal protective equipment will be worn at all times
<input type="checkbox"/>	Where required local exhaust ventilation will be used at all time
<input type="checkbox"/>	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 appropriate PPE)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
Do you wish the school to supply the following safety equipment?	<b>Safety Boots</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
	<b>Overalls</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Will the Organisation supply any additional Personal Protective Equipment required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	

## 6 Insurance Details

Does your organisation have Employers' Liability Insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Will you agree to notify your insurers of your participation in the work experience programme?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your organisation have Public Liability Insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Employers' Liability Insurance details:-</b>	<b>Expiry Date:</b>		
<b>Insurance Company</b>	<b>Policy No:</b>		
<b>A COPY OF THE EMPLOYERS LIABILITY INSURANCE CERTIFICATE MUST BE PROVIDED</b>			
Will the pupil be a passenger in a company vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will the pupil be accompanied by 2 persons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If no, the staff member MUST be PVG checked, Please provide the:			
PVG certificate number: _____			
PVG certificate expiry date: _____			

## 7 Legal Requirements

Does your organisation have a written Safety policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your organisation undertaken risk assessments in relation to the health and safety of employees arising from their work, including Hazardous substances?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is your Health and Safety Law Poster completed and displayed at the work placement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your organisation carried out a fire risk assessment of the premises which includes provision of firefighting equipment escape routes and final exits?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are there procedures in place for the reporting and recording of accidents/incidents within your organisation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your organisation have appropriate first aid arrangements and equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## 8 General Requirements

<b>INDUCTION</b> 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 and risk assessment, emergency procedures, first aid procedures, incident reporting procedures	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>WELFARE</b> Are adequate Welfare facilities (toilet, washing eating and resting) available at the work placement location	YES <input type="checkbox"/>	NO <input type="checkbox"/>

