

ID: _____

Pupil Work Experience

From: _____ (date)

Pupil Name:

Class:

Items marked with an asterisk * **MUST** be completed.

Please complete all sections of the form.

Section 6 must be completed fully and section 9 must be signed.

Forms will not be accepted if incomplete

Employers must have current Employers Liability Insurance copied and attached.

CARDINAL NEWMAN HIGH SCHOOL

*Contact name:

*Organisation:

*Address:

*Tel No:

Fax No:

Email

**Please return the completed form to:
 School Office:**

Cardinal Newman High School

Main Street

Bellshill

ML43DW

Tel – 01698274944

Fax – 01698841562

Or Scan and email to: enquiries@cardinalnewman.n-lanark.sch.uk

Please return a copy of Public Liability insurance with this document.

Please Note:

- **Have you signed it?**
- **Are all sections complete?**
- **Has the employer signed it?**
- **Do you have a copy of the Liability insurance?**

All forms **MUST** be handed in at **least 4 Weeks** Prior to placement starting to allow for processing by NLC.
 See school website for more information.

Form received;

By:

On:

Sent to QIS

Approved / Declined

EMPLOYER ASSESSMENT FORM (SELF FOUND)



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"/>
		If yes, what is the relationship?	

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	
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"/>		

Start Date/ End Date	Monday _____	Day of Placement	Friday _____
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 (please use separate sheet if necessary)

<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?	Safety Boots	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
	Overalls	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"/>
Employers' Liability Insurance details:-		Expiry Date:	
Insurance Company		Policy No:	
A PHOTOCOPY OF THE EMPLOYERS LIABILITY INSURANCE CERTIFICATE MUST BE PROVIDED			
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 equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

8 General Requirements

INDUCTION Will the pupil be given an induction and guided tour of the premises? NB Inductions should include Introduction to supervisory staff, safety policy and risk assessment, emergency procedures, first aid procedures, incident reporting procedures	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WELFARE Are adequate Welfare facilities (toilet, washing eating and resting) available at the work placement location	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please 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.

I also agree to inform the school immediately if the young person is involved in an accident/incident.

Name (PRINT) ___ _____

Designation ___ _____

Date _____