**RPS Private Placement Form 2020**

**DATES: Monday 11th May – Friday 15th May 2020**

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| **Students name: …………………………………………………………………………………. Form: ………………………..** |
| **Name of Employer/organisation:** **Name of person responsible for Work Experience student :** **Employers Address:** **Postcode: …………………….. Telephone Number:** **Email:** **Work Experience Job Title:** **Work Experience Activities:** **Date of Health & Safety Policy:** **Name of person responsible for Health & Safety on site:** **Dress Code:** **Lunch arrangements:**  |
| **INSURANCE**- Employers Liability insurance cover is a legal requirements for Work Experience. We regret that we are unable to take up offers of Work Experience from organisations without such cover.**Name of your Employers Liability insurance provider:** **Policy no: Do you have Public Liability insurance cover? ………** |
| **RISK ASSESSMENT** (Ref: Management ofHealth & Safety at Work Regulations 1999- Regulation 19, Protection of Young Persons)**Hazards & risks associated with the work:** **Measures to minimise the risks:** |
| ***I confirm that all required Health and Safety policies/procedures are in place and that the student(s) will receive a full induction prior to commencing work covering working conditions, health & safety and emergency procedures.*****Signed: ……………………………………………………….. Position: ………………………………………………………****Print Name: ………………………………………………… .Date: ………………………………………….**  |

 **Employer: Please write over the page if you need to expand on any of the above.**

 **Student: Please return this completed form to Mrs Hammond via the Careers Box in the Library or send by email to careers@roundwoodpark.co.uk**