**RPS Private Placement Form 2022**

**DATES: Monday 16th May – Friday 20th May 2022**

|  |
| --- |
| **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:**  **Toilet arrangements: (i.e. how many facilities available, are they unisex, do they all have lockable doors?)**  **……………………………………………………………………………………………………………………………………….** |
| **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:**      **………………………..**  **………………………………………………………………………………………………………………………………………….**  **………………………………………………………………………………………………………………………………………….** |
| **COVID 19 RISK ASSESSMENT:** Please provide details of your company covid-19 guidance. This may include social distancing measures, ventilation procedures, face mask policy, hand gel availability, is regular testing required and isolation requirements?  **…………………………………………………………………………………………………………………………………………….**  **……………………………………………………………………………………………………………………………………………**  **……………………………………………………………………………………………………………………………………………**  **……………………………………………………………………………………………………………………………………………**  **……………………………………………………………………………………………………………………………………………** |
| Listed below are the principal responsibilities for the employer in relation to students participating in Work Experience as part of their full-time education. To ensure that the implications of work experience are fully understood, and the responsibilities of the employer are agreed, the *Private Placement Form* should be signed on behalf of the employer.  EMPLOYERS WILL:  1 Take all reasonable care to ensure the health, safety and welfare of the student and to comply with the *Health & Safety at Work etc Act 1974* and the *Management of Health & Safety at Work Regulations 1999 – Regulation 19, Protection of Young Persons*.  2 Ensure that its Public Liability insurance and Employers Liability insurance covers Work Experience students and remains valid throughout the placement.  3 Offer the student the opportunity to carry out meaningful and relevant work, appropriate for their age and level of ability. Activities to be undertaken will be planned by a responsible person. The student will be given opportunities to find out about the structure and function of the company/organisation.  4 Ensure that the student receives, before starting work, induction and instruction on the nature and scope of their duties covering working conditions, health & safety and security arrangements relative the working environment.  5 Ensure that the student receives appropriate instruction and supervision if operating machinery/equipment.  6 Provide any essential personal protective clothing or equipment (PPE) required by the student whilst on placement.  7 Ensure Risk Assessments and appropriate control measures, including for COVID-19, are provided and remain valid during the placement.  8 Notify the student's learning provider as soon as possible by telephone if the student fails to attend their Work Experience placement or is affected by accident or sickness. |
| ***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 and that the induction form provided will be completed.***  **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 Jackson via the Careers Box in the Library or send by email to** [**careers@roundwoodpark.co.uk**](mailto:careers@roundwoodpark.co.uk)