**RPS Private Placement Form 2022**

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

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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:** **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**