



Saint Augustine's R.C High School Self Placement Work Experience 26th June - 30th June 2023

(To be completed by employer)

Pupil Name:		Form:
Employer Name:	Placement Contact:	Workplace Address:
	Designated Person who deals with Safeguarding concerns:	
Telephone:	Contact mobile number:	Contact email address:

Employer undertaking:

I confirm that:

- We will take all possible care of the pupil's health and safety, recognising his/her inexperience, immaturity and lack of awareness of risks.
- We will ensure that the pupil performs meaningful work as agreed in the job description.
- We will not discriminate on the grounds of gender, race, disability, religion, age or sexual orientation.
- We will inform the school immediately, should we for any reason need to send the pupil home or if the pupil does not attend as agreed.
- We will inform the school immediately, should we have any safeguarding/health and safety concerns for the pupil. We confirm that we have risk management arrangements in place to safeguard and promote the welfare of children.
- We understand that employer contact details may be held by St. Augustine's R.C. High School and shared with pupils and parents of the school.
- We have Employers' and Public Liability Insurance and will inform our insurance company that we have accepted the above-named pupil for work experience.

**** PLEASE ATTACH A COPY OF YOUR EMPLOYER'S LIABILITY INSURANCE CERTIFICATE TO THIS FORM – SHOULD THE STUDENT BE TRAVELLING IN A MOTOR VEHICLE PLEASE CAN YOU ALSO ATTACH A COPY OF THE RELEVANT MOTOR VEHICLE INSURANCE CERTIFICATE****
Please note that the student cannot join you without this information

To your knowledge, have any members of staff been disqualified from working with children?

Yes / No

Print name:

Position in company:

Signed:

Date:

Parent / Guardian's undertaking:

I agree that the above pupil may take part in the work experience programme and I have seen the placement description.

Signed:

Date:

Pupil's undertaking:

I agree that I will take part in the school work experience programme. I will contact both the school and the employer if for any reason I will be unable to attend the placement. I will not disclose any information confidential to the employer, which I obtain during this period of work experience. I will obey all safety security and other instructions given by the employer.

Signed:

Date:

Pupil medical information:

Pupil social/learning needs information:

Work Placement Pupil Job Description

Employer Contact Name: -----

Work Experience Job Title: -----

Key Skills and Tasks:

Pupil's work schedule (include timings):

Maximum 40 hours

	MON	TUE	WED	THUR	FRI	SAT	SUN
AM							
PM							

Meal Arrangements

Lunch Break: -----

Other breaks: -----

Dress Code:

Personal Protective Equipment: (PPE)

