



WORK EXPERIENCE SELF-PLACEMENT FORM

STUDENT DETAILS				
First Name		Surname		
Date of Birth		Gender	F	M
School		Form Group		
Dates of placement				
What, if any is your connection to the organisation?				

COMPANY DETAILS – TO BE COMPLETED BY THE EMPLOYER				
Company Name				
Nature of Business		No of Employees:		
Company Address: Where the placement is taking place				
		Post Code		
CONTACT DETAILS				
Main Contact	Mr / Mrs / Ms			
Position				
Email Address **				
	<i>** Where possible this will be our main form of communication, please monitor your junk / clutter mail for an email from '@fidelis.org.uk'</i>			
Phone Number	Landline		Mobile	
Student Supervisor	Mr / Mrs / Ms			
Position				
Email Address**				
Phone Number	Landline		Mobile	

WORK EXPERIENCE JOB DETAILS – TO BE COMPLETED BY THE EMPLOYER				
Job Title		Department		
Days of Work e.g. Mon to Fri		Hours of Work e.g. 9:00 – 17:00	Lunch / break times (duration)	
	<i>Young people should not work longer than 40 hours over a 5-day period on a 7-8 hour day</i>			
Dress Code / Appearance				
Specific requirements				
Tasks to be undertaken whilst on placement				

Under health and safety law, every employer must ensure, so far as reasonably practicable, the health and safety of all their employees, irrespective of age.

As part of this, there are certain considerations that need to be made for young people. Under the Management of Health and Safety at Work Regulations 1999, an employer has a responsibility to ensure that young people employed by them are not exposed to risk due to: **Lack of experience / being unaware of existing or potential risks and/or / lack of maturity.**

Further details of this can be found on the Health and Safety Executive Website:

<https://www.hse.gov.uk/young-workers/organisers.htm>

Taking into account the tasks the student will be undertaking please list any significant **risks / hazards** the student should be aware of, any **prohibitions** and the **control measures** in place:

Risks / Hazards e.g. Slips and trips	Control Measures e.g. Induction, good housekeeping

Prohibitions for the student (Areas / Tasks / Equipment / Machinery):

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EMPLOYERS SIGNATURE

Please sign to confirm you have agreed to this placement, that the student will receive an induction on the first morning and that you are happy for a member of Fidelis College to contact you to undertake a Health & Safety Appraisal where necessary.

Print Name	
Position	
Signature	
Date	

FIDELIS COLLEGE CONTACT INFORMATION

If you need to contact **Fidelis College** at any point, please call **+44 (0) 20 8674 7229** and ask for **Mrs Mckenzie**
Alternatively you can email dmckenzie@fidelis.org.uk

