**YEAR 10 WORK EXPERIENCE PLACEMENT FORM – Monday 18 July – Friday 22 July 2022**

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| ***School contact name*** | Miss B Meltzer |
| ***School contact email*** | [b.meltzer@plume.essex.sch.uk](mailto:b.meltzer@plume.essex.sch.uk) |

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| ***Student’s full name*** |  |

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| **TO BE COMPLETED BY THE EMPLOYER** | | | | |
| **Employer/ Organisation** |  | | | |
| **Work experience job title** |  | | | |
| **Brief description of planned student activities** |  | | | |
| **Main contact name (placement supervisor)** |  | | | |
| **Main contact’s position** |  | | | |
| **Employer/ organisation’s address** |  | | | |
| **Postcode** |  | | | |
| **Contact number** |  | | | |
| **Email address** |  | | | |
| **Employers’ Insurance Checklist**  Employers offering Work Experience placements are required to be visited by a Plume representative to assess the suitability of the placement. The visit will cover insurances, Health and Safety, placement activities and working practices in accordance with the Health and Safety Procurement Best Practice.  INSURANCE – Employers Liability Insurance cover and Public Liability insurance cover are legal requirements for Work Experience. We regret we are unable to take up offers of Work Experience from companies or organisations without the required cover. | | | | |
| **Please can you confirm if you are happy to undergo a placement assessment visit.** | | Yes  No (If no, the placement will not be able to go ahead). | | |
| **EMPLOYER’S LIABILITY INSURANCE** | | | | |
| **Company and provider** |  | | | |
| **Policy number** |  | | | |
| **Expiration Date (DD/MM/YYYY)** |  | | **Cover amount (£)** |  |
| **PUBLIC LIABILITY INSURANCE** | | | | |
| **Company** |  | | | |
| **Expiration Date (DD/MM/YYYY)** |  | | **Cover amount (£)** |  |
| **Are your premises registered with either of the following?** | **Health and safety executive** yes/ no  **Local Authority** yes/ no  **Other:** | | | |
| **Do you have five or more employees (inc. Work experience student)** | Yes/ no | | **Do you have a written Health and Safety Policy arrangements?** | Yes/ no |
| **Do you have a written Risk Assessment?** | Yes/ no | | **Do you have a Young Person’s Risk Assessment?** | Yes/ no |
| **Are you a ‘One-person business’?** | Yes/ no | | | |
| **Please confirm your offer of a work experience placement by signing in the box below. (a MANAGER or SUPERVISOR should sign below).** | | | | |
| **Signed** |  | | **Print name** |  |
| **Position** |  | | **Date** |  |

If you would prefer to complete an online version of this form, please scan the QR code below.



If you would like further information regarding the year 10 Work experience programme, please contact Miss Meltzer, Leader of CEIAG, via [b.meltzer@plume.essex.sch.uk](mailto:b.meltzer@plume.essex.sch.uk).