

WORK EXPERIENCE OWN PLACEMENT REQUEST

WORK EXPERIENCE DATES – 6th July to 20th July 2020

Please complete this form in CAPITALS and BLACK PEN and return to Plume Academy

STUDENT'S NAME **D.O.B.** **Reg Grp**

TO BE COMPLETED BY THE EMPLOYER:

EMPLOYER/ ORGANISATION **Contact**

Employer/Organisation's address **Contact's Position**

..... **Tel:**

..... **Post Code** **Mobile:** **Email address:**

Main business of company/organisation

Work Experience Job Title

Work Experience Activities

Is employer's address where the work experience will take place? ☐ YES ☐ If NO please give details

To be completed by the Employer/Organisation providing Work Experience placement

Have you had a student from Plume School complete a work placement with you in the past YES/NO

- 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.
- I confirm I am happy to undergo a placement assessment visit ☐ YES ☐ NO (if NO, placement will not be able to go ahead).
- Please seek advice from your HR/Finance/Health and Safety Advisor or Owner of Business for the following information:

EMPLOYER'S LIABILITY

Company and Provider **Cover Amount £**

Policy No **Expiry Date**

Do you have valid PUBLIC LIABILITY insurance cover? ☐ YES – Cover Amount £ ☐ NO
 Are your premises registered with either of the following? ☐ Health and Safety Executive ☐ Local Authority
 Do you have five or more employees (inc. Work Experience student) ☐ YES ☐ NO

If YES

- (a) Do you have a written Health and Safety Policy and arrangements: ☐ YES ☐ NO
 (b) Do you have a written Risk Assessment? ☐ YES ☐ NO
 (c) Do you have Young Person's Risk Assessment? ☐ YES ☐ NO

Are you a "One –person business" ☐ YES ☐ NO

Please confirm your offer of a Work Experience placement (a MANAGER or SUPERVISOR should sign below:

For and on behalf of (print company)

Signed: **Position:**

Print Name: **Date:**

Job Ref No:

WEX 2020

