

**SS PETER & PAUL CATHOLIC HIGH SCHOOL**

**YEAR 10 WORK EXPERIENCE 2024 SELF-PLACEMENT FORM**

**Name:……………………………………………………… FORM:…………**

**STUDENT DETAILS**

STUDENT NAME: DATE OF BIRTH:

ADDRESS: TEL NUMBER:

EMERGENCY CONTACT: E-MAIL

**SCHOOL DETAILS**

SS Peter & Paul Placement Date: Monday 1st – Friday 5th July 2024

Highfield Road

Widnes School Contact: Peter Reay, Careers Adviser

Cheshire MOB: 07543 693 582

WA8 7DW reayp@saintspeterandpaul.halton.sch.uk

 **MEDICAL/HEALTH/SEN**

Please inform us of any medical, health, educational or social issues that may affect your work experience placement. You must disclose this information to your placement. This information will be used when risk assessments and health & safety assessments are completed.

Please provide details here:………………………………………………………………………………………………………………………………….

Are you taking any medication? If yes, please note medication here………………………………………………………..

Note: Students are required to have an up-to-date tetanus injection if in a placement with animals or if they may come into contact with soil during their placement e.g. farming, vets, kennels, stables etc…

Is this placement with a member of your family? If so, what is your relationship?.................................................................................................................................................................

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**PARENT /CARER**

As the parent/carer of the student named above I give my permission for him/her to take part in work experience. I understand that as the parent/carer it is my duty to disclose any health or well-being issues to the employer prior to placement commencement. I can confirm that I have read and understand this form and I agree with all the information given.

Name: Signature: Date:

I am happy for my child to leave the employers premises at lunch YES / NO

If permission not given please ensure you inform the employer.



**SELF-PLACEMENT**

**PLACEMENT DETAILS**

**Please make sure ALL sections are completed before returning it to school. This form needs to be completed & signed by the employer who has agreed to accommodate the student through their week’s placement. The employer MUST have confirmation of Employers Liability Insurance. Students will not be allowed to be placed without this.**

 **COMPANY DETAILS**

 **Business Name:**

**Business Description:**

**Address: Telephone Number:**

 **E-mail:**

**Postcode: Contact Name: Position:**

 **EMPLOYER JOB DESCRIPTION**

**Placement Title:**

**Student Role:**

**One-week placement Monday 1st – Friday 5th July 2024**

**Lunch Requirements (e.g. Packed lunch, canteen etc):**

**Additional Information:**

**EMPLOYER to complete**

**I confirm that as the above-named employer, I can accommodate the student named during their placement.**

**Name: Position:**

**Signature: Date:**

**Employers Liability Insurance- This placement CANNOT go ahead without this insurance.**

**I agree that we hold Employer’s Liability Insurance that extends to students on work experience.**

**Name of Insurer: Certificate Number: Expiry Date:**

**Have you had students before YES / NO**

**I can confirm that I have noted any medical conditions detailed on this form YES / NO**

**STUDENT**

I agree to take part in work experience and I will observe all health & safety and Security regulations in accordance with the employer’s policy. I also understand my responsibility in maintaining confidentiality in relation to the employers business. I confirm that I have completed this form carefully and fully understand that this information will be passed to my placement provider.

**Name: Signature: Date:**