

# SS PETER & PAUL CATHOLIC COLLEGE WORK EXPERIENCE SELF-PLACEMENT FORM 2020

# STUDENT DETAILS

STUDENT NAME:	DATE OF BIRTH:
ADDRESS:	TEL NUMBER:
EMERGENCY CONTACT:	E-MAIL:

**RELATIONSHIP TO STUDENT:** 

### COLLEGE DETAILS

55 Peter & Paul Catholic College Placement Dates: 13-17<sup>th</sup> July 2020

Highfield Road

Widnes School Contact: Peter Reay

Cheshire 0151 424 2139 Extn: 230 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.

DO YOU SUFFER FROM? YES No Yes No

Colour blindnessEczema/DermatitisDizzinessBack ProblemsFainting/BlackoutsClaustrophobiaImpaired HearingMental HealthAsthmaPhysical Disabilities

Inflammatory Joint Condition Diabetes

Visually Impaired

(not corrected be glasses)

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...

## PARENT /CARER

As the parent/carer of the student named above I give my permission for the student 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.

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).



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:	E-mail: Contact Name:	Position:
EMPLOYER JOB DE	ESCRIPTION	
Placement Title:		
Student Role (list of basic	: duties/activities students will expe	erience):
Lunch Requirements (eg: Pa Additional Information:	cked lunch, canteen etc):	
EMPLOYER to complete "I confirm that the above placement (13-17 <sup>th</sup> July 2	e named employer can accommodate 020)	the student named during their
Name:	Position:	
Signature:	Date:	
• •	<mark>nce</mark> - This placement <mark>CANNOT</mark> go al aployers liability insurance that exte	
Name of Insurer:	Certificate Number:	Expiry Date:
Have you had students be	fore YES / NO	
I can confirm that I have	noted any medical conditions detail	led on this form YES / NO
STUDENT		
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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.

Name: Signature: Date: