



Self Placement Form

To be completed by Employer

Pupil Name	Form	
Employer Name	Placement Contact	Workplace Address
Telephone	Contact mobile number	Contact email address

Employer undertaking:

I confirm that:

- We will take all possible care of the pupil's health and safety, recognising his/her inexperience, youth and lack of awareness of risks.
- We will ensure that the pupil performs meaningful work as agreed in the job description.
- We will not discriminate on the grounds of gender, race, disability, religion, age or sexual orientation.
- We will inform the school immediately, should we for any reason need to send the pupil home or if the pupil does not attend as agreed.
- We understand that employer contact details may be held by St. Augustine's R.C. High School and shared with pupils and parents of the school.
- We have Employers' and Public Liability Insurance and will inform our insurance company that we have accepted the above-named pupil for work experience.
- We adhere to current Covid-19 legislation and government guidance (if applicable at the date of work experience.)

Please attach a copy of your EMPLOYERS' LIABILITY INSURANCE certificate to this form. Should the pupil be travelling in a motor vehicle, please also attach a copy of the relevant MOTOR VEHICLE INSURANCE certificate. If a YOUNG PERSON'S RISK ASSESSMENT has been completed for your workplace, please include a copy.

To your knowledge, have any members of staff been disqualified from working with children?

Yes / No

Print name:

Position in company:

Signed:

Date:

Parent's / Carer's undertaking:

I agree that my child may take part in the work experience programme and I have seen the placement description. I know and understand the current Covid-19 guidelines (if applicable at the date of work experience) and will ensure that my child is fully aware of these.

Signed:

Date:

Pupil's undertaking:

I agree that I will take part in the school work experience programme. I will contact both the school and the employer if for any reason I will be unable to attend the placement. I know and understand the current Covid-19 guidelines and will adhere to these (if applicable at the date of work experience.)

Signed:

Date:

Pupil medical information:

Pupil social/learning needs information:

Please return all documents together to Mrs Doctor in the Rewards Office by 19th April 2022.

Document Checklist

- Self Placement Form
- Work Placement Pupil Job Description
- Copy of valid Employer Liability Insurance Certificate



Work Placement Pupil Job Description

Pupil Name

Form

Employer Contact Details

Name

Telephone number

Email address

Work Experience Job Title -----

Key Skills and Tasks

Pupil's work schedule (include timings)

Maximum 40 hours

	MON	TUE	WED	THUR	FRI	SAT	SUN
AM							
PM							

Meal Arrangements

Lunch Break -----

Other breaks -----

Dress Code

Personal Protective Equipment (PPE)

