

STUDENT ARRANGED PLACEMENT (SAP) FORM

STUDENT DETAILS	
School Name:	
Student Name:	
Student Signature:	
COMPANY DETAILS	
Company Name:	
Address:	
Postcode:	
Email:	Telephone:
COMPANY CONTACT – Who is agreeing this placement?	
Contact Name:	
Email:	
Telephone:	
STUDENT JOB DETAILS	
Students Job Title:	Dates: FROM/TO:
Students Working Days:	Students Working Hours:
Students Tasks/Duties (please provide a brief Job Description):	

As the representative of the company named above, I agree to this student undertaking Work Experience placement with the company in accordance with the details above. I confirm that the company:

- 1) Has **Employer Liability Insurance ELI** (please give details below or attach a copy of your ELI certificate) – **The placement cannot go ahead without this.**

Insurance company:

Policy number:

Expiry date:

- 2) Has a written Health and Safety policy (if 5 or more employees). YES NO
- 3) Has a Young Persons risk assessment. YES NO
(please attach a copy)
- 4) Is not currently involved in the Work Experience programme but is willing to provide placements in the future. YES NO

Signature:

Date:

Thank you for agreeing to take part in this Work Experience placement. B&E Together will send you confirmation of the allocated student in advance of the placement start date.

Please could you tell us, how did the student find this placement?

PARENT/CARER'S SECTION

- 1) **PLEASE NOTE THAT** Work Experience is meant to be an experience of work that is interesting and enjoyable and is not intended to be training for a particular career or job.
- 2) **Hours of work – Travelling/Fares – Lunches** Are shown on the Job Description and indicate hours permitted to work including weekend working, travel arrangements and lunches. Also tasks involved in the role and any Personal Protective Equipment needed. Including safety boots (to be provided by student)
- 3) **Please note lunchtimes may not be supervised.**
- 4) **Reporting absence** – It is the Student's/Parent's/Carer's responsibility to contact the School and the Employer if your son or daughter is going to be absent for any reason whilst on placement.
- 5) **Reporting accidents/incidents** – It is the responsibility of the Parent/Carer to contact either the School/B&E or the Local Authority about accidents or incidents.

In order for the risk assessment to be carried out according to your son/daughters specific needs this section MUST be completed before this form is returned.

Please indicate whether your son/daughter has any of the following health conditions. Please indicate in the box below any other conditions which may effect the work placement.

COLOUR BLINDNESS	YES
IMPAIRED SIGHT	YES
HEARING DIFFICULTIES	YES
ASTHMA	YES
ECZEMA	YES
EPILEPSY	YES
ALLERGIES (incl food)	YES

Please indicate any other condition or information that you feel may be of importance:

As a parent/carer, I agree to my child's **placement choice** and **travel to work arrangements** and **agree to them undertaking Work Experience.**

Signed:

Name:

Date:

TEACHER'S SECTION

- 1) **Reporting absence** – The school will inform the employer and B&E Together of any absence as soon as it is known and by any meaningful way available.
- 2) **Risk Assessments/Safe systems of Work** – The school must provide any relevant medical and educational details that may effect the risk assessment in the section below.
- 3) **Review** – The school will visit/contact the provider by whichever means appropriate on at least one occasion during the work experience period. B&E Together will notify the employers that this will be carried out at a convenient time and the school will contact them directly.
- 4) **Reporting accidents/incidents** – It is the school's responsibility to inform the Principal Health and Safety Officer, Corporate Health and Safety section.

Please identify any information regarding individual students' needs, which may impact upon their health, safety and welfare whilst on placement:

Signed:

Name:

Date: