

DARRICK WOOD SCHOOL WORK EXPERIENCE - PLACEMENT INFORMATION FORM
This Form Should Be Completed By The Employer Only.
Dates of Work Experience: Monday, 11th July – Friday, 15th July 2022

PLEASE SUBMIT AS SOON AS POSSIBLE AND NO LATER THAN FRIDAY, 1st APRIL 2022

STUDENT NAME:

School: Darrick Wood School
 School Address: Lovibonds Avenue
 Orpington Kent
 BR6 8ER

FORM GROUP:

School Contact: Mrs Louise Collier
 Email: l.collier@darrickwood.bromley.sch.uk
 Tel: 01689 850271 x 1018

Company/Organisation Name:			
Nature of Company Business:			
Company/Organisation Details		Placement Venue Details (if different)	
Address		Address	
Town		Town	
Post Code		Post Code	
Telephone		Telephone	
Fax		Fax	
Email		Email	
Main Contact		Main Contact	
Direct Line		Direct Line	
H&S Contact		H&S Contact	
No. of people employed by company		Is the placement venue a private residential address? YES <input type="checkbox"/> NO <input type="checkbox"/>	

In which department will the student be based?
Name of student's supervisor and job title:
Brief details of type of work/tasks to be undertaken during this placement:
Skills required by student:
Is special clothing required e.g. safety boots and if so will the company provide this?
Please give an assessment of the risks associated with this placement and precautions to be taken by the student and employer e.g. workstation risks, emergency procedures, manual handling.

INFORMATION FOR WORK EXPERIENCE STUDENTS

Nearest Rail/Bus Route?			
Working Days		Times (Full working day encouraged)	
Details of normal length and frequency of 'breaks' for students?			
Will your company help with the student's expenses?		Travel Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Lunch Yes <input type="checkbox"/>	No <input type="checkbox"/>
May the student eat a packed lunch on your premises?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there canteen facilities on site?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Acceptable dress code (If any special items are required such as safety boots, please indicate if student should provide their own)			
Any other comments			

EMPLOYER'S DECLARATION (please complete in full)

I have Employers Liability Insurance (Mandatory Requirement for Work Experience)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>NB: Please ensure you provide full details of your current ELI policy</i>			
Policy Number:			
Insurers Name:		Expiry Date:	

I have Public Liability Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have received a copy of 'Notes for Employers' and confirm that I will comply with the Health & Safety guidelines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
On student's arrival I will provide a Health & Safety /company procedure induction	Yes <input type="checkbox"/>	No <input type="checkbox"/>
This company conducts risk assessments	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Before the placement these risk assessments will be reviewed to take account of the needs and abilities of young people (Management of Health & Safety Regulations 1999)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
This company has a written Health & Safety policy (required by law for companies with 5 or more employees)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree to complete a report form for the student (this is provided in the students work experience diary)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signed:	Dated:
Name (please print):	Position:
Relationship to work experience student: Relative <input type="checkbox"/> Family Friend <input type="checkbox"/> Neither <input type="checkbox"/>	

Company information only will be stored in a database or data retrieval system for purposes of WEx scheme administration and tracking. Details will only be available to EBP's, schools, students and their parents.

Coding boxes for office use – to be completed by School WEx Co-ordinator or EBP Representative			
Date of last visit		Risk Band	