

**Employer****KS 4 or 5 Student Work Placement Form****Type of placement (please circle)**

Managed	Self
Block	Extended

<b>Student details (BLOCK CAPITALS)</b>			
Name:			
School:			
School contact name:			
School contact details: email:		tel:	
<b>Company / Organisation details</b>			
Company / Organisation name:			
Address:		Post code:	
Tel:			
Email address:			
Contact name:		Position:	
Contact telephone number / mobile:			
Company / Organisation has Employer and Public Liability insurance:			<b>YES / NO</b>
<b>Insurance Company name:</b>			
<b>Policy No:</b>		<b>Expiry Date:</b>	
To your knowledge have any members of staff been disqualified from working with children?		Yes	No
Are there service users/volunteers that work at/access your facilities?		Yes	No
To your knowledge is there any service users/volunteers on/or	Sex offenders register	Yes	No
	Rehabilitation programme	Yes	No
	Disqualified from working with children	Yes	No
<b>Is an employer DBS check required (ie any placement over 10 days)?</b>			
<b>Yes/No</b>			

**Does the main supervisor of this young person have a current DBS check?  
Yes/No**

**Any follow up action and date**

**Placement details**

Job title:

Main Supervisor of student:

Brief description of key tasks activities (ie Job Description) or attached

Start date:

Finish

Working days and times / meal breaks:

**Employer agreement**

As a representative of the employer organisation I agree to this student undertaking work placement in accordance with the details above.

Name:

Position:

Signed:

Date:

**Employers Risk Assessment.** This record is written from the information supplied by the representative of the placement provider. It indicates those risks which the representative considers to be significant, and the control measures that will be in place.

	<b>Potential Risks ( with brief guide to range of risks to assess )</b>	<b>Yes / No</b>
1	<b>Mechanical</b> – ( crushing; cutting; trapping; impact; friction )	
2	<b>Electrical</b> – ( direct/indirect contact; other	
3	<b>VDU</b> - ( lack of rest breaks; position; lack of wrist supports etc. )	
4	<b>Lifting</b> - ( one person loads; mechanically supported loads; awkward loads )	
5	<b>Handling</b> - ( repetitive movements; stressful working position )	
6	<b>Falls</b> - ( working at heights; step ladders; inspection pits )	
7	<b>Wet Surfaces</b> - ( sinks; equipment spillage )	
8	<b>Hot Substances</b> - ( liquids; tea/coffee etc; solids; food )	
9	<b>Hot Surfaces</b> - ( hot plates; pipes; heaters and boilers; other equipment )	
10	<b>Fire</b> - ( flammable substances; unguarded equipment )	
11	<b>Dust</b> - ( result of processes; mist; fumes )	
12	<b>Chemicals</b> - ( cleaning materials; paint/thinners; petrol; office chemicals; toxic	
13	<b>Sharp objects</b> - ( knives; tools; electrical; manual )	
14	<b>Occupational Health Diseases</b>	
15	<b>Ventilation</b> - ( windows; vents ) <b>Lighting</b> ( fluorescent lights; lack of daylight etc. )	
16	<b>Noise</b> - ( machinery; external eg. planes/traffic )	
17	<b>Non Smoking Environment</b>	
18	<b>*Are there any known medical or other conditions of the student that could result in unnecessary health and safety or other risk?</b>	
	*Details as appropriate:	
19.	<b>Has a risk assessment for the young person in the workplace been completed by the organisation?</b>	
20.	<b>Are there any other Safeguarding considerations that need to be considered? (eg risks linked to Transport etc)</b>	

<b>Any Risks and Control Measures</b>	<b>Effect</b>

**CONFIRMATION AND AGREEMENT  
EMPLOYER**

I confirm that: - to the best of my knowledge and belief, the information given above is correct.  
- I have read the attached Letter of Understanding and that all the points are acceptable to me.

As representative of the employer organisation I agree to the student named above working on our premises, and to abide by all legislation relating to Equality, Health and Safety and Child Welfare & Protection. I will arrange for my Employer's Liability Insurance to provide cover against accident and injury caused to the student by negligence of the employer or another employee and will accept or insure myself against liability for loss, damage or injury caused by the student in the same way as for other paid employees. My company / organisation has prepared a Risk Assessment and a safe system of work which covers all the tasks we expect this student to undertake. I confirm that the current Job Description is correct.

**Employer signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_

<b>Resultant Risk Band:</b>	<b>( High / Medium / Low )</b>
<b>Signature of person assessing risk assessment on behalf of the school</b> _____	
<b>Name</b> _____	<b>Date</b> _____

### Data Protection

The above information is collected and used by the DESC and not shared with any third party. This information is collected under the public interest, further to the GDPR and LED Implementing Regulations 2018 Section 22 Safeguarding of children and of natural persons at risk (b) the natural person is — (i) aged under 18;. For queries on how your information is stored and why it is collected you can contact the Data Protection Officer at [DPO-desc@gov.im](mailto:DPO-desc@gov.im) or visit <https://www.gov.im/about-the-government/departments/education-sport-and-culture/privacy-notice/#accordion> for privacy policy.