WORK EXPERIENCE
SELF PLACEMENT FORM

BURY CE HIGH SCHOOL

This form needs to be returned to Mr Halden no later than: **2nd November 2026**
Please complete **all** sections / Please write **very neatly in capitals**/ Please use **blue** or **black ink** only

Student Details – To be completed by student			
First Name		**Surname**	
Date of Birth		**Form Group**	
School			
Dates of Placement			
What, if any is your connection to the company?			

Company Details – To be completed by the Employer	
Company Name	
Nature of Business	**No of Employees:**
Company address: **Where the placement is taking place, if mobile then registered business address.**	
	Post Code
No of Employees	
Contact Details	
Main Contact	Mr/Mrs/Ms
Position	
Email Address *(needed)* Please print clearly	
Phone Number	**Landline** **Mobile**

Work Experience Job Details – To be completed by the Employer					
Student Job Title			**Department**		
Is the placement predominantly:	**Office / Retail / Education**	**Leisure / Hospitality**	**Warehouse / Stores**	**Workshop / Factory / Trades**	**Other**
Please specify					
Days of Work e.g. Mon to Fri		**Hours of Work** e.g. 9:00 – 17:00		**Lunch / break times** (duration)	
Young people should not work longer than 40 hours over a 5-day period on a 7-8 hour day					
Dress Code / Appearance					
Tasks to be undertaken whilst on placement					
Specific requirements					

Under health and safety law, every employer must ensure, so far as reasonably practicable, the health and safety of all

Employers Liability Insurance

In order to have a student on placement you need to have Employers Liability Insurance in place:
Please attach a current copy of your Employers Liability Insurance Certificate – this form can't be processed without a copy.
If working in an educational setting you must attach a current copy of your Risk Protection Arrangement Certificate
Unfortunately, **only those** employers with Employers Liability Insurance/RPA may be used for work experience.
We recommend that you inform your insurer that you will be taking a student on work experience.

http://www.hse.gov.uk/youngpeople/law

Prohibitions:

× Students are **not** permitted to complete a placement where they would be alone with just **one member** of staff, unless they are enhanced DBS checked.
× Students are not permitted to travel in a vehicle where they would be alone with just **one member** of staff, unless they are enhanced DBS checked.
× Students are **not** permitted to work at height.

Risk Assessment

Taking into account the tasks the student will be undertaking please list any significant Risks/ Hazards the student should be aware of, any prohibitions and the Control Measures in place:

Risks / Hazards e.g. Slips and trips, manual handling, equipment, covid.		**Control Measures** e.g. induction, good housekeeping, supervision, training
Will the student travel in a company vehicle as part of their role?		Please circle: Yes / No
Will this be a lone placement? (see prohibitions above)		

Prohibitions for the student (any areas/tasks that the student should not undertake/enter. Equipment/machinery that the student should not use):

Protecting your privacy is important to us, by signing this form you are agreeing to your information being held on our database. We will not pass your details on to any third party unless it is in relation to a student you are taking on work experience and we will only contact you in relation to work experience/career events.

Employers Signature		
Please sign to confirm you have agreed to this placement, that the student will receive an induction on the 1st morning and that you are happy to undertake a Health & Safety Appraisal on behalf of the school where necessary	**Print Name**	
	Position	
	Signature	
	Date	

Please make a note of the dates you have offered this placement in a diary / calendar.