



Woking College Work Experience Placement Health and Safety Questionnaire and Declaration

SECTION 1 - TO BE COMPLETED BY STUDENT

STUDENT NAME		TUTOR GROUP	
DATE OF WORK EXPERIENCE	FROM		
	TO		

SECTION 2 - TO BE COMPLETED BY THE EMPLOYER

EMPLOYER/ORGANISATION	
EMPLOYER'S ADDRESS AND POST CODE	
CONTACT NAME AND POSITION IN COMPANY Please state if you are a family friend or a relative of the student	
EMPLOYER TELEPHONE CONTACT NUMBER	
EMPLOYER EMAIL ADDRESS	
NATURE OF BUSINESS	
BRIEF DESCRIPTION OF THE ACTIVITIES TO BE UNDERTAKEN DURING THE PLACEMENT	ARRANGEMENTS FOR THE FIRST DAY
NAME OF PERSON TO ACT AS SUPERVISOR TO THE STUDENT	

HOURS OF WORK – PLEASE INCLUDE START AND END TIMES (Not before 7am or after 10pm)	
LUNCH BREAK (times/duration)	
MEAL AND BREAK ARRANGEMENTS (Is there a canteen? What is the cost of a meal? Shops nearby? Staff room to eat packed lunch? Etc?)	
SPECIAL CLOTHING (IF REQUIRED) AND DRESS CODE	
TRAVEL/PARKING ADVICE (if applicable)	
ANY SPECIAL REQUIREMENTS OR OTHER COMMENTS EG IS A DBS REQUIRED?	

Please note, that under health and safety law, work experience students should be treated no differently to other young people employed by the company. Employers Liability Insurance cover and Public Liability Insurance cover are legal requirement for Work Experience. We regret we are unable to take up work experience opportunities from organisations without such cover.

Please tick as appropriate

	YES	NO
DO YOU HAVE VALID EMPLOYER'S LIABILITY INSURANCE? PLEASE ATTACH <u>A COPY OF THE CERTIFICATE FOR OUR RECORDS</u> AND GIVE THE RENEWAL DATE OF YOUR POLICY. Policy Renewal Date is _____		
DO YOU HAVE VALID PUBLIC LIABILITY INSURANCE?		
WILL THE STUDENT ALWAYS BE BASED A THE COMPANY ADDRESS? IF NO, THEN WHERE ELSE WILL THEY BE BASED?		

	YES	NO
DOES THE PLACEMENT INVOLVE ANY TRAVEL? IF YES, PLEASE ADVISE MODE OF TRANSPORT AND WHO THEY WILL BE TRAVELLING WITH.		
IF TRAVELLING IN A COMPANY VEHICLE, DOES IT HAVE BUSINESS INSURANCE COVER?		
ARE YOU A 'ONE PERSON' BUSINESS?		
DO YOU HAVE 5 OR MORE EMPLOYEES?		
IF YES, DO YOU HAVE A WRITTEN HEALTH AND SAFETY POLICY THAT HAS BEEN REVIEWED IN THE LAST 3 YEARS?		
WILL THE STUDENT BE GIVEN AN INDUCTION TO INCLUDE EMERGENCY PROCEDURES, EG FIRE, ACCIDENT AND INJURY?		
HAVE RISK ASSESSMENTS BEEN CARRIED OUT IN THE AREAS WHERE THE STUDENT MAY BE WORKING?		
DO THESE ASSESSMENTS TAKE INTO ACCOUNT THE STUDENT'S AGE AND RELATIVE LACK OF EXPERIENCE AND AWARENESS OF RISK?		
WILL THE STUDENT BE INFORMED OF THE FINDINGS OF THESE ASSESSMENTS DURING INDUCTION?		
DO YOU PROVIDE ANY NECESSARY PROTECTIVE EQUIPMENT THAT THE STUDENT REQUIRES FOR WORKING?		
DO YOU HAVE AT LEAST ONE QUALIFIED FIRST AIDER?		
DO YOU HAVE APPROPRIATE FIRST AID PROVISION?		
HAVE YOU READ AND UNDERSTOOD THE WOKING COLLEGE SAFEGUARDING AND CHILD PROTECTION POLICY? (See college website)		

SECTION 3 - TO BE COMPLETED BY THE EMPLOYER – OFFER OF A PLACEMENT

PLEASE CONFIRM YOUR
OFFER OF A WORK
EXPERIENCE
PLACEMENT

I can offer (student name).....
a work experience placement at (company name)
.....
from(date).....to (date).....

DECLARATION AND
SIGNATURE

I confirm that the questions have been answered to the best of my knowledge and that this organisation accepts full responsibility for the health, safety and welfare of any Woking College student, as if they were employees, whilst on work experience with us.

Signed.....
Print Name.....
Position.....
Date.....

SECTION 4 – CONSENT - TO BE COMPLETED BY PARENT/GUARDIAN

I understand that has been offered a work experience placement at the above-named company/organisation. I have read the details of the placement and give my permission for them to attend.

I understand that placement providers are not allowed to pay students during the placement.

I would like the college to inform the employer about the following information so they can make appropriate adjustments as necessary. (You may like to disclose medical issues or learning difficulties etc.)

.....
.....

SIGNED (Parent/Guardian)

PRINT NAME

DATE