

# 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			
	то			
SECTION 2 - TO BE COMPLETED BY THE EMPLOY	<u>ER</u>			
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?	
nearby: Stail 100111 to eat packed functi: Etc:	
SPECIAL CLOTHING (IF REQUIRED) AND DRESS	
CODE	
TRAVEL/PARKING ADVICE (if applicable)	
ANN CRECIAL REQUIREMENTS OF CTUE	
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

DO YOU HAVE VALID EMPLOYER'S LIABILITY INSURANCE? PLEASE ATTACH A COPY OF THE CERTIFICATE FOR OUR RECORDS 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.	120	
IF TRAVELLING IN A COMPANY VEHICLE POEC IT HAVE BUGINESS INCHRANCE		
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?		
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HAVE YOU READ AND UNDERSTOOD THE WOKING COLLEGE SAFEGUARDING AND CHILD PROTECTION POLICY? See college website for the full policy. Headlines below.

YES / NO

#### **Personal Contact**

There may be occasions when you need to touch a young person (eg when you are guiding them in carrying out technical operations) but these should be kept to a minimum.

#### **Behaviour**

Whilst it is important to reassure a young person who may be nervous in a new placement and reliant on your guidance, you should avoid being over familiar.

Environment

Where possible avoid being on your own in an isolated or closed environment with a young person.

### Mentor

Those placed immediately in charge of young people should be competent in their work-role, mature in their attitudes, and yet at the same time be at ease with them. They should provide an equal and professional service in line with the company's equal opportunities procedures.

## **Disclosure**

Occasionally young people may disclose confidential information to a work colleague that gives rise to concern for their physical or emotional safety. In such situations you should speak to your line manager and share your concern with an appropriate member of staff at the college. Please call the college on 01483 761036 and ask for the safeguarding lead, or email <a href="mailto:dsl@woking.ac.uk">dsl@woking.ac.uk</a>

#### Disqualification

You are reminded that you are required by law to protect children from harm and that any employees are required, under the Criminal Justice and Court Services Act, to declare that they are disqualified from working with children.

# Internet

We would appreciate organisations offering work experience doing all they practically can to reduce the risk of young people being able to access unsuitable websites.

For our part we undertake to make it clear to students that the same internet access protocol that applies in college also applies to placements. If anyone in the work place becomes concerned about any inappropriate student communications we would ask you to contact the college immediately.

## **First Aid**

In the event of an accident involving a student, the company's First Aid procedures should be followed and only a qualified First Aider should attend to the young person. The college should be informed and written records of all accidents and incidents kept.

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 nam	ne)		
	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.			
	Print Name			
	Position  Date			
SECTION 4 – CONSENT - TO BE COMPLETED BY PARENT/GUARDIAN				
I understand that				
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		