ACTON HIGH SCHOOL
& CENTRE FOR MEDIA ARTS

Student's Own Find Placement Form

This form must be completed and handed in to Miss S. Matthews as soon as you have a confirmed placement.
Deadline: Monday, 23rd January 2012, Student to complete section A, you must ask your employer to fill out section B

Name of School: Acton High School **Work Experience Dates:** Mon,9th July to Fri, 13th July 2012
School Contact: Miss S. Matthews **Tel No:** 0203 110 2464 **Email:** smatthews@actonhigh.ealing.sch.uk

SECTION A STUDENT'S DETAILS

First Name: _____ Surname:_____

Form: _____ M/F:_____

PLEASE ATTACH A COPY OF YOUR CURRENT EMPLOYERS LIABILITY CERTIFICATE
The student will contact you roughly six weeks before they start to arrange their pre-placement interview

SECTION B EMPLOYER'S DETAILS

Name of organisation and address:

_____

_____

_____

_____Postcode:_____

Type of business:_____

Named contact person:

_____

Telephone Number: _____

Job title: _____ Email Address: _____

Hours to be worked: _____ Name of Insurer: _____

Clothing to be worn: _____

Employers Liability Insurance Policy No: _____

Typical duties: _____Expiry Date:_____

EMPLOYER/PLACEMENT PROVIDER SECTION

- I have agreed to provide work experience for the above student
- I have appropriate insurance to cover work experience students (and have notified my brokers if necessary)
- I will undertake to provide induction training including Health, Safety and Emergency arrangements
- I will notify the school in the event of any absence, early termination of placement, injury or any other difficulties regarding the student
- I will undertake to have due regard for the welfare of the young people in the workplace and understand that it may be necessary to undergo a Criminal Records Bureau Check in line with the 'Safeguarding of Children in Education (DfES Guidance September 2004)
- I am aware of the requirement for employers to complete a suitable and sufficient risk assessment and to provide information to a parent/guardian for a child of compulsory school age in accordance with the Management of Health and Safety at Work Regulations 1999 (as amended)

SIGNED_____ DATE_____

NAME_____ JOB TITLE_____