



Work Experience Services
 Gateway Shared Services
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Manager **Sinclair Houston**

Work Experience

Self Found / Extended Placement details

1 Placement Provider

Name of Provider (company/organisation/agency) _____

What is your main business? _____

Placement Organiser/Supervisor _____

Position _____

Address _____

Postcode _____ Tel _____

Fax _____ Email _____

Have you hosted a work experience placement in the last 12 months?

Yes, please complete sections 3, 6 and 7.

No, please complete the remainder of the form.

Provider:

The name, address, postcode, telephone, fax number and email of the organisation. Please indicate the nature of your business e.g. Solicitors, Garage, Engineering, Retail, Child Care or Computing.

Placement Organiser/Supervisor & Position:

The person with overall responsibility for work experience within the organisation and the person who will supervise the pupil on placement.

2 Placement

Placement Title _____

Placement Description _____

Day(s) and Work times _____

Start Date _____ End Date _____

Lunch arrangements _____

Provider's requirements _____

Placement Title:

e.g. Clerical Assistant, Sales Assistant, Lab Assistant.

Placement Description:

Details of the types of activities in which the pupil will be involved.

Day(s) & Work Times:

e.g. Every Thursday or Monday to Friday 9:00am - 4:00pm. Please provide start and end date of the placement.

Lunch Arrangements:

Canteen? Or pupil makes own arrangements.

Requirements:

Special clothing or dress code, pre-placement interview, school subject requirement.

3 Pupil Details

Name of Pupil _____

School _____ Year _____

Pupil:

Please provide the name, school and year of the pupil.

4 Provider's Risk Assessment

Has a Risk Assessment been carried out of the activities in which the pupil will be involved and any other process, procedure or environmental factor by which they may be affected? **yes** **no**

Have you recognised any potentially significant hazards? If so, please complete section 5.

The health, safety and welfare of our pupils is of paramount importance. Please tick the appropriate boxes.

5a Provider's Hazard Identification

	yes	no		yes	no
Slips/Trips/Falls? (spillages/trailing cables/flooring)	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous substances? (cleaning products/oils, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Falls from height? (platforms/ladders/fragile surfaces)	<input type="checkbox"/>	<input type="checkbox"/>	Pressure systems? (gas/air receivers/steam boilers)	<input type="checkbox"/>	<input type="checkbox"/>
Display screen equipment? (computer/cash register)	<input type="checkbox"/>	<input type="checkbox"/>	Equipment/ Machinery? (mechanical/electrical)	<input type="checkbox"/>	<input type="checkbox"/>
Electricity? (mains operated & portable appliances)	<input type="checkbox"/>	<input type="checkbox"/>	Transport? (Fork lift trucks/Cars/HGV etc)	<input type="checkbox"/>	<input type="checkbox"/>
Noise? (machinery/tools/equipment/environment)	<input type="checkbox"/>	<input type="checkbox"/>	Radiation? (X-ray/UV/lasers/radioactive materials)	<input type="checkbox"/>	<input type="checkbox"/>
Vibration? (machinery/transport/powered hand tools)	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos? (building maintenance/vehicle repairs)	<input type="checkbox"/>	<input type="checkbox"/>
Working with animals? (farm/domestic/wild)	<input type="checkbox"/>	<input type="checkbox"/>	Manual handling? (lifting/carrying/pushing/pulling etc)	<input type="checkbox"/>	<input type="checkbox"/>

Please use the checklist to help you identify any significant hazards. Once you have done this, it is important to have control measures in place to minimise any associated risk. As well as induction and supervision, control measures may include training, protective equipment or clothing.

One of our team of health and safety officers may call to arrange a visit. The health and safety officer will work with you to help you meet your duty of care.

If an identified control measure is to wear or use protective clothing or equipment, please specify what is required eg. a hard hat, safety boots or special eyewear and whether you will provide this.

5b Provider's Control Measures

5c Personal Protective Equipment

Will this PPE be provided by you? **yes** **no**

6 Insurance Details

Name of insurance company _____

Insurance policy No(s). _____

Date of expiry _____

Please refer to the letter of understanding. There must be valid employer's liability insurance over the placement period.

7 Acceptance and Agreement

I confirm that -

- I have read the attached letter of understanding between the councils and this firm/organisation, and that all points are acceptable to me and I have taken all appropriate action.
- this company's Employers' Liability Insurance will cover a pupil for the duration of his/her Work Experience Placement.
- the pupil will receive induction and instruction, which includes Health & Safety issues covering identified hazards and control measures, by a competent person.
- the pupil will be supervised at all times.
- the details provided may be held on a database to support Work Experience and other similar activities.

Name of organisation _____ Signed _____

Name (please print) _____ Position _____ Date _____

The Work Experience Programme is a very valuable exercise for all our pupils and is very beneficial to them in their preparation for the world of work.

Thank you for completing this form. Your participation in the Work Experience Programme is very much appreciated.

Please return to: