

PUPIL NAME:		FORM:	
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COMPANY INFORMATION

* COMPANY Name & Address <i>(Please include postcode)</i>			
* NAME OF CONTACT <i>(who has agreed placement)</i>	Mr/ Mrs/ Miss/ Ms/ Dr		
CONTACT Email & Telephone	Email:	Telephone:	

COMPANY INSURANCE DETAILS

Q1	Do you hold Employers Liability Insurance Cover (£5million)? Email: careers@redhill.dudley.sch.uk	<input type="checkbox"/> YES (please attach or email a copy of your certificate)	<input type="checkbox"/> NO (please go to Q2 below)	<input type="checkbox"/> JOINT POLICY with Public Liability Cover
Q2	If NO – Placements are not usually allowed where there is no Employers Liability Insurance unless it is with a parent or close relative. Are you a parent or close relative? Please explain:			
Q3	Do you hold Public Liability Insurance cover? (£5million)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Q4	If you do not have any of the above insurance covers are you willing to take cover out for the placement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

GENERAL PLACEMENT INFORMATION

What hours will the student be working?	From:	To:
What does your company do?		
What kind of work/ tasks will the student be undertaking?		
Where/ Who should the student report to on the 1st Day? Please include a telephone number if different from the contact details above.		
Will the student need any work clothes for your placement? If YES please detail		
Do you have any clothing or other personal requirements? If YES please detail, please consider anything such as jewellery, piercings and footwear, and whether they must bring their own lunch.		

Placement Agreement

The Company will fully discharge its legal duties in managing the health, safety and welfare of this student. The Company's insurers have been advised that this work placement is taking place and have confirmed that the insurance cover includes students on work experience / work placement. The Company will indemnify the student to the same extent as other employees regarding accident or damage to property, other employees and third parties. Our Company Health & Safety and Employer Liability Insurance arrangements (with a minimum of £5m indemnity) will be in place for this work experience opportunity. Government departments are exempt from employer's liability insurance under the Employers Liability (Compulsive Insurance) Act 1969. The Company is aware that contact information (including the named contact at the company listed above) will be shared with Dudley EBP and their Consultants to initiate Health, Safety and Welfare paperwork regarding young people in the workplace and hereby consent to this.

I am authorised on behalf of the above company to confirm the above during this work placement:

Print Name		Date	
Signature			