



### **Letter of understanding between Trafalgar School and Employers Providing Work Experience**

To ensure that the principle conditions of the Work Experience Programme and the arrangements between the Employer and Trafalgar School are fully understood, Employers are asked to confirm acceptance of the following essential points.

1. The student will carry out worthwhile and meaningful work, as described in the agreed job description. The Employer will ensure that the work is planned by a responsible person. The student will be given an effective health & Safety induction before starting work and will receive appropriate instructions and supervision during the period of work experience.
2. Supervision will be provided by a suitable, responsible and competent named person.
3. The Employer will ensure that the student does not operate machinery unless adequate instruction and competent supervision can be provided in order for it to be used safely. The Employer shall not require the student to carry out work of an unsuitable nature. The Employer will ensure that the student wears protective or special clothing/PPE as and when necessary. All prohibitions will be recorded on or attached to the Job Description / Health & Safety Statement.
4. The Employer will inform Trafalgar School if there have been any significant changes since the last use of the work placement.
5. The student will not receive any payment for their work. Employers are not obligated to assist with expenses but may, if they so wish, make contribution directly to the student towards the extra cost of meals and travel expenses.
6. The student will work the hours shown on the Work Experience Own Placement Form.
7. The student will be required by Trafalgar School to sign an agreement stating that they will
  - Not disclose any information confidential to the employer
  - Follow all safety, security and other instructions given by the Employer
  - Pass on to their parents or guardians any information from the Employer regarding arrangements for their personal health, safety or welfare (including Risk Assessment information).
8. The student's parent or guardian will confirm that they do not suffer from any complaint which may cause a hazard either to the student or those working with him or her. The school will be required to inform the Employer of any known details requiring special attention in order to secure a successful placement.
9. The Employer undertakes to ensure appropriate Employer Liability Insurance cover against accident or injury caused to the student by the negligence of the Employer or the Employers servants. The Employer will accept (by way of insurance or otherwise) liability for loss, damage or injury caused by the student in carrying out the tasks allocated to him/her in accordance with the Employers instructions.
10. All parties, in accordance with normal practice, will observe all current legislation, included approved codes of practice relating to Health & Safety, Equal Opportunities and Child Protection.
11. The Employer will provide a safe and healthy working environment which covers
  - Welfare facilities
  - Equipment
  - Safe Systems of work
  - Emergency Arrangements
  - Risk Assessments as necessary
12. The Employer agrees to provide reasonable access for the purpose of monitoring the student.
13. In cases of accident or sickness occurring to the student whilst under the supervision of the Employer, the student will be allowed to use whatever first aid facilities the Employer provides. The Employer will notify Trafalgar School without delay and arrange for appropriate action to be taken.
14. The Employer will provide Trafalgar School with an accident report, in writing, following any accident which causes injury to a student on work experience and will report the accident to the enforcing authority, if appropriate, within the time limit stipulated.



## WORK EXPERIENCE OWN PLACEMENT FORM

Student Name:	Date Of Birth:
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### EMPLOYER

Company / Organisation name:	
Nature of business:	No of employees:
Main contact person:	Position held:
Workplace Address:	<b>Employers Liability Insurance</b>
	Insurer:
	Policy Number:
	Expiry Date:
Postcode:	
Tel:	Mob:
Email:	

### PLACEMENT DETAILS

Job Title:		
Job Description: (Please list key tasks and / or activities that the student will undertake)		
Requirements: (Special requirements, including any dress code / PPE, that apply to this job)		
No of working days:	Start Date:	End date:
Working times / meal breaks:		
Would you offer this opportunity to another young person?                      YES          NO          (Please circle)		

### RISK ASSESSMENT

<p>The Management of Health and Safety at Work Regulations place a duty on employers and the self-employed. The duty states that “the employer <b>shall</b> make a suitable and sufficient assessment of the risk to employees.” This includes employees who are classed as a child (below minimum school leaving age) and a young person (over minimum school leaving age, but under 18 years of age). Both of these definitions may be relevant to students on work experience. In addition, “Every employer <b>shall</b>, before employing a child, provide the parents/guardians of the child with comprehensible and relevant information on the risks identified by the assessment and the preventative and protective measures”. More information regarding this is available at: <a href="http://www.hse.gov.uk/youngpeople/workexperience/placeprovide.htm">http://www.hse.gov.uk/youngpeople/workexperience/placeprovide.htm</a></p>
Prohibitions (e.g. Student will not use heavy machinery, students must not enter off limit areas):

## HEALTH & SAFETY CHECK LIST

	YES	NO
Is there someone in overall control of Health & Safety?		
Do you have a written Health & Safety policy?		
Have risk assessments been carried out?		
Does the risk assessment take into account the immaturity of the learner?		
Have all risks been reduced to their lowest level through a safe system of work?		
Will the student receive an induction in Health & Safety?		
Does the placement require the use of Personal Protection Equipment and has it been agreed who will provide it? (e.g. Safety Shoes)		
Do you have systems in place to deal with accidents and administer first aid?		
Have all firefighting appliances been checked?		
Are appropriate Health & Safety signs (e.g. Fire Exit signs) displayed in the work place?		
Are you aware of your responsibilities with regards to safeguarding children?		

## EMPLOYER CONFIRMATION & AGREEMENT

I confirm that:

- To the best of my knowledge and belief, the information provided above is correct.
- I have read the attached Letter of Understanding and that all the points are acceptable to me.
- I confirm that the Job Description is correct.

As representative of the employer I agree to the student named above working on our premises, and to abide by all legislation relating to Equal Opportunities, Health & Safety and Child Protection. I will arrange for my Employers Liability Insurance to provide our cover against accident and injury caused to the student by negligence of the employer or another employee and will accept or insure myself against liability for loss, damage or injury caused by the student in the same way as for the other paid employees. My company / Organisation has prepared a Risk Assessment (if applicable) and a safe system of work which covers all the tasks we expect this student to undertake.

<b>Employer Signature:</b>	<b>Date:</b>
<b>Print name:</b>	

## STUDENT

As the student named I agree to take part in this work experience programme. I also agree to hold in confidence any information about the employers business which I may obtain during this work period and not disclose such information to any other person without the Employers permission. I also agree to observe all safety, security and other regulations laid down by the Employer and made known to me either by the Employers representative or by the displayed instructions. I will pass on to my Parent or Guardian any information, given to me by the Employer, which may affect my personal Health & Safety or welfare.

<b>Student Signature:</b>	<b>Date:</b>
<b>Print name:</b>	

## PARENT / CARER with legal responsibility for the student

As Parent/ Carer of the student named above I can confirm that I have read and understood this form, and the Job Description and Health & Safety Statement. I agree to his / her taking part in this programme and undertake that he / she will observe the conditions set out above. **I confirm that he / she does not suffer from any medical or other condition which could result in unnecessary risk to his / her Health & Safety or to the safety of another person.** (Should you be in any doubt please consult the Teacher responsible before signing this form).

I confirm that if he / she leaves the Employers premises during lunch or break periods, no liability can be accepted by the Employer or the School for any incident that may occur. Once on the placement, Parents should discuss the arrangements for lunch and break periods with their child and make sure they are suitable.

<b>Signature of Parent / Carer:</b>	<b>Date:</b>
<b>Print Name:</b>	