



Work Experience 2017 Placement Contract and Risk Assessment

To be completed by the employer

Student Name:	
Employers Name:	
Nature of Business:	
Job Classification:	
Date of Placement:	
Workplace Address:	
Workplace Main Contact Number:	
Workplace email address:	
Supervisors Name:	
Description of work student will undertake:	
Employers Liability Insurance Company:	Insurance Company Name: Policy No: Expiry Date: PLEASE PROVIDE A COPY OF THE INSURANCE CERTIFICATE
Signature of Supervisor offering placement:	Date:
Health & Safety:	Please note below any significant risks or hazards in the work place: Please note below relevant control measures to reduce risks: Please tick to confirm there is a Health and Safety policy in place: <input type="checkbox"/>
Additional Information:	Please note below any dress code and identify if any PPE is required/provided: Please note below any actions agreed before a student takes up a placement:

Employer/Organisation Manager (or representative) please sign below to agree that this is an accurate record of the information:

Signed: _____ Print Name: _____

Job Title: _____ Date: _____

I attached a copy of the current employer's liability insurance