



**Work Experience 2018  
Placement Contract and Risk Assessment**

*To be completed by the employer*

<b>Student Name:</b>	
<b>Employers Name:</b>	
<b>Nature of Business:</b>	
<b>Job Classification:</b>	
<b>Date of Placement:</b>	
<b>Workplace Address:</b>	
<b>Workplace Main Contact Number:</b>	
<b>Workplace email address:</b>	
<b>Supervisors Name:</b>	
<b>Description of work student will undertake:</b>	
<b>Employers Liability Insurance Company:</b>	Insurance Company Name: Policy No: Expiry Date: <b>PLEASE PROVIDE A COPY OF THE INSURANCE CERTIFICATE</b>
<b>Signature of Supervisor offering placement:</b>	<b>Date:</b>
<b>Health &amp; Safety:</b>	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"/>
<b>Additional Information:</b>	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**

PLEASE RETURN THIS FORM FULLY COMPLETED TO THE SIXTH FORM OFFICE, BLACKFEN SCHOOL, BLACKFEN ROAD, SIDCUP, KENT DA15 9NU OR VIA EMAIL TO [sixthform@blackfen.bexley.sch.uk](mailto:sixthform@blackfen.bexley.sch.uk)