

Dear Employer

Please read the following Letter of Understanding before completing the attached Self Placement Form. Make a note of the student's details in the space provided below, **and retain this letter for reference.**

Letter of Understanding Between the IOM Work Experience Programme and Employers Providing Work Related Activities

To ensure that the principle conditions of the Work Experience Programme and the arrangements between the Employer and Work Experience Programme 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 a job description. The Employer will ensure that the work is planned by a responsible person. The Student will be given an effective Health and 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 or inappropriate nature. The Employer will ensure that the Student wears protective or special clothing/protective equipment as and when necessary. All prohibitions will be recorded on or attached to the Job Description / Health and Safety Statement.
4. The Employer will inform DEC 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 obliged to assist with expenses but may, if they so wish, make a contribution directly to the Student towards the extra cost of meals and travel expenses.
6. The Student will work the hours shown on the Self Placement form / Agreement Form.
7. The Student will be required 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 Employer's 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 her/him in accordance with the Employer's instructions.
10. All parties, in accordance with normal practice, will observe all current relevant legislation, including approved codes of practice relating to Health and Safety, Equal Opportunities and Child Protection.
11. The Employer will provide a safe and healthy working environment which covers

Welfare facilities	Emergency Arrangements
Equipment	Risk Assessments as necessary
Safe Systems of work	
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 the school without delay and arrange for appropriate action to be taken.
14. The Employer will provide the 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.

Student's name		
School: ST NINIANS HIGH SCHOOL		COMPANY TO KEEP THIS LETTER FOR REFERENCE
Job Title		
No of working days	Start date Mon 20 March 2017	End date Fri 24 March 2017

WORK EXPERIENCE SELF PLACEMENT FORM

Please ensure that this form is completed in full. Incomplete forms may be returned for completion.

Student's name		
School St Ninians High School		
EMPLOYER		
Company / Organisation name:		
Nature of business:		No of employees:
Main contact person:		Position:
Workplace address:	Postcode:	EMPLOYER'S LIABILITY INSURANCE
		Insurer:
		Policy number:
Tel:	Mob:	Expiry date:
Email:		Has Insurer been informed?
PLACEMENT DETAILS		
Job Title:		
Job Description: <small>(Please list the key tasks and / or activities that the student will undertake)</small>		
Requirements: <small>(special requirements, including any dress code , that apply to this job)</small>		
No of working days	Start date Mon 20 March 2017	End date Fri 24 March 2017
Working times / meal breaks		
RISK ASSESSMENT		
This risk assessment provides information for parents/carers and students about this work placement. Please list any significant hazards, control measures required to minimise risks, and any activities or locations prohibited to the student.		
Hazards and significant risks (e.g. use of paints and solvents, lifting boxes, hot surfaces/liquids)	Risk control measures (e.g. protective clothing must be worn, students will be shown how to lift correctly etc.)	
Prohibitions (e.g. student will not use guillotines, students must not enter areas designated off limits etc)		

HEALTH & SAFETY CHECKLIST	YES	NO
Do you have a written Health and Safety policy?		
Has a risk assessment been carried out?		
Does the risk assessment take into account the immaturity of the learner?		
Is there someone in overall control of health and safety?		
Have all risks been reduced to their lowest level through a safe system of work?		
Will the student receive an induction in Health and Safety?		
Does the placement require the use of Personal Protective Equipment and has it been agreed who will provide it? e.g. Safety boots		
Do you have systems in place to deal with accidents and administer first aid?		
Have all fire fighting appliances been checked?		
Are appropriate Health and Safety signs (e.g. Fire Exit signs) displayed in the work place?		
Are you aware of child protection issues?		

CONFIRMATION AND AGREEMENT

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

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 and Safety and Child Protection. I will arrange for my Employer's Liability Insurance to provide 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 other paid employees. My company / organisation has prepared a Risk Assessment and a safe system of work which covers all the tasks we expect this student to undertake. I confirm that the current Job Description is correct.

Employer signature

Date

Name

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 employer's business which I may obtain during this work period and not to disclose such information to any other person without the Employer's 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 Employer's representative or by the displayed instructions. I will pass on to my parent or guardian any information, given to me by my employer, which may affect my personal health, safety or welfare.

Student signature

Date

PARENT / CARER with legal responsibility for the student

As parent / carer of the student named above I confirm that I have read and understood this form, and the Job Description and Health and 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 or safety or to the safety of another person. (Should you be in any doubt please consult the teacher responsible before signing this form).

Parent / Carer signature

Date

Name

TEACHER

As the teacher responsible for Work Experience I hereby give my approval for this work experience placement to go ahead.

Teacher signature

Date