



Work Experience 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

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