

Please keep a copy of this form as reference in case you do not hear from the student and wish to contact the school for further information.

## EXTENDED WORK EXPERIENCE PLACEMENT FORM "OWN FIND"

*This form should be returned to the Student or School*

Student Name				
Date of Birth		Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Undisclosed <input type="checkbox"/>
School Name				
Address				
WEX Co-ordinator		Telephone Number:		
Course/Year Group		Placement Dates <b>From:</b> <b>To:</b> <b>Day(s):</b>		

<b>Company/Organisation Name:</b>			
<b>Nature of Business:</b>			
<b>Company/Organisation Details</b>		<b>Placement Venue Details (if different)</b>	
Address		Address	
Town		Town	
Post Code		Post Code	
Telephone		Telephone	
Email		Email	
Main Contact (Mr/Ms/Mrs/Dr/Other)		Main Contact (Mr/Ms/Mrs/Dr/Other)	
Direct Line		Direct Line	
H&S Contact		H&S Contact	
No. of employees		No. of people based at site	
Is this a residential address?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this a residential address?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of student's supervisor and job title:	
Position offered and department:	
Brief description of student tasks (Attach if you have a copy in place):	
Skills required:	
Please indicate the significant risks associated with this placement and precautions to be taken by student and employer:	

Dress Code (including special clothing)						PPE required? Yes <input type="checkbox"/> No <input type="checkbox"/>
						PPE provided? Yes <input type="checkbox"/> No <input type="checkbox"/>
Hours of work	MON	TUES	WED	THURS	FRI	Is there a canteen/vending machine?
Start						
Finish						
Meal breaks						Any help with costs? Yes <input type="checkbox"/> No <input type="checkbox"/>
						Packed lunch required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Transport						Any help with costs? Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Information						

Is the employer happy to be contacted regarding future work experience placements or Work related learning activities: To opt-out at any time, please email: <a href="mailto:work-experience@royalgreenwich.gov.uk">work-experience@royalgreenwich.gov.uk</a> or call 020-8921 5683	Letter <input type="checkbox"/>
	Telephone <input type="checkbox"/>
	Email <input type="checkbox"/>
Would the employer consider hosting extended placements or supporting apprenticeships	<input type="checkbox"/>
Would the employer be prepared to consider participating in other Work Related Learning activities other than Wex	<input type="checkbox"/>

### EMPLOYER'S DECLARATION

*We regret that only employers with Employers' Liability insurance are eligible for inclusion in the Royal Greenwich Work Experience Programme. A copy of your current certificate will need to be verified. Please attach a copy for our records.*

The company has Employers' Liability Insurance ( <b>Mandatory Requirement – please attach a copy</b> )	Yes <input type="checkbox"/> No <input type="checkbox"/>
The company has Public Liability Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
The company conforms to General Data Protection Regulations (GDPR) 2018	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have notified the company insuring my business of my intentions to accept work experience students	Yes <input type="checkbox"/> No <input type="checkbox"/>
On the student's arrival, they will receive a Health & Safety / company procedure induction	Yes <input type="checkbox"/> No <input type="checkbox"/>
This company conducts and reviews risk assessments as necessary	Yes <input type="checkbox"/> No <input type="checkbox"/>
Before the placement, these risks assessments will be reviewed to take account of the needs and abilities of young people (Management of Health & Safety at Work Regulations 1999)	Yes <input type="checkbox"/> No <input type="checkbox"/>
This company has a written Health & Safety policy (required by law for companies with 5 or more employees)	Yes <input type="checkbox"/> No <input type="checkbox"/>
The information provided is correct to the best of my knowledge	Yes <input type="checkbox"/> No <input type="checkbox"/>

Subject to a visit by member of staff from the Work Experience Team (where necessary); please confirm that you have agreed this placement with the student by signing below.	
<b>Signed:</b>	
<b>Print Name (CAPITALS):</b>	<b>Date:</b>
Is your company already participating in Work Experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have a Certificate of Approval for your WEX Scheme, please provide a copy	

<b>Data Protection</b>
Your data, including these placement details, will be stored in a database or data retrieval system for the purposes of administration and tracking of work-related learning or work experience placement schemes. Your information will only be available to the Education and Skills Funding Agency (ESFA), internal departments, partner agencies, work experience brokers, schools/colleges/training providers, funding organisations, students (and their parents/guardians) and employers to whom you may provide / attend for placements/activities. Your information may also be shared with third parties for education, training and employment and well-being related purposes; including research. This will only take place where the law allows it and the sharing is in compliance with Data Protection Legislation. Records will be held at: Royal Borough of Greenwich, The Woolwich Centre, Wellington Street, SE18 6HQ