Norton Knatchbull Grammar Schoool WORK EXPERIENCE CHECKLIST

Please could all the following sections be completed and the relevant information sent to hvernon@nks.kent.sch.uk as requested.

Please note, electronic signatures are accepted.

| Part 1 | Company details | | | |
|----------------------------------------------------------------------------------|-------------------------------|-----|----|--|
| Name of company: | | | | |
| Name of principal contact: | | | | |
| Full postal address: | | | | |
| Nature of the business: | | | | |
| E-mail address: | | | | |
| Phone number: | | | | |
| Who is responsible for the young person on placement: | | | | |
| What dress code is required including type of footwear: | | | | |
| Normal working hours for student | | | | |
| What facilities are there for taking a break: | | | | |
| Is a pre-placement interview required? | | | | |
| Part 2 | Health and safety information | | | |
| | | Yes | No | |
| Do you have a formal health and safet | y policy? | | | |
| Do you have risk assessment documer that are associated with your business | | | | |
| Do you have suitable and sufficient ari incidents, which may require first aid t | _ | | | |
| Do you have suitable and sufficient we by the Workplace (Health, Safety and | | | | |
| Do you provide staff with any Persona may be necessary to complete tasks sa | | | | |
| Do you have Employers' Liability Insur | ance to cover young people? | | | |
| Do you have Public Liability Insurance | to cover young people? | | | |
| Employers Liability Insurance d | etail: | | | |
| Insurance Company Name: | | | | |
| Policy Number: | | | | |
| Expiry Date: | | | | |
| Is the insurer informed of the pl | acement? | | | |

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| Part 2 | Health and safety information | | |
|-------------------------------------------------------------------------------------------------|-------------------------------|-----|----|
| | | Yes | No |
| Will the student receive an Induction on Day one which will include a Health & Safety Briefing? | | | |
| Will the student be supervised at all times whilst working? | | | |
| Will the student be trained to use all relevant equipment? | | | |
| Will the placement involve personal or hygienic care of others? | | | |
| Will the student be using dangerous machinery? | | | |
| Will the student be expected to lift or carry heavy loads? | | | |
| Will the student be near a water hazard? | | | |
| Will the student be working near a road hazard? | | | |
| Do you undertake a COSHH assessment for hazardous substances? | | | |
| If yes to above what training is offered to the student? | | | |

| Part 3 | Company Authorisation | | |
|------------|-----------------------|-------|--|
| Name: | | | |
| Position: | | | |
| Signature: | | Date: | |

Thank you for offering our student a placement, and for taking the time to complete this form.

Please email form to hvernon@nks.kent.sch.uk, or post to Heather Vernon, Norton Knatchbull School, Hythe Road, Ashford, Kent TN24 0QJ

If you need any further information please call Heather Vernon on 01233 620045 ext 231.