

3 Placement

Do you wish pupil(s) to contact you prior to the placement? Yes No

If yes please indicate your preferred method of contact:

- Telephone Letter Application
 Email Form Interview

Start Time Finish Time

Lunch Arrangements

Work times:

eg. Monday to Friday 9am – 5am.

Lunch arrangements:

indicate if you will provide lunch, if canteen facilities are available or if the pupil has to bring his/her own lunch.

4 Requirements

(subject requirements, specific skills, personal qualities)

Provider's requirements:

any extra details eg. Special clothing requirements, dress code, school subject requirements.

5 Dress Requirements

- Smart Casual Other
 Protective Clothing Provided Protective Clothing Required

Details

Provider's control measures:

If an identified control measure is to wear or use Personal Protective Equipment or clothing, please specify what is required eg. safety boots, eye protection, and whether you will provide this.

6 Medical Requirements

Medical requirements:

Please indicate any working conditions which may affect pupils with certain medical conditions, eg asthma, colour blindness, hearing impairment.

7 Additional Needs

Places will be made available to ALL STUDENTS unless there are specific placement requirements, which should be stated clearly in the placement information section above.

8 Provider's Risk Assessment

Has a Risk Assessment been carried out of the activities in which the pupil will be involved and any other process, procedure or environmental factor by which they may be affected? Yes No

Have you recognised any potentially significant hazards? If so, please complete section 9. Yes No

The health, safety and welfare of our pupils is of paramount importance. Please tick the appropriate boxes.

9 Provider's Hazard Identification

- Slips/ Trips/Falls? (spillages/ trailing cables/flooring) Yes No
 Falls from height? (platforms/ ladders/ fragile surfaces) Yes No
 Display screen equipment? (computer/ cash register) Yes No
 Electricity? (mains operated & portable appliances) Yes No
 Noise? (machinery/ tools/ equipment/ environment) Yes No
 Working with animals? (farm/ domestic/ wild) Yes No
 Hazardous substances? (cleaning products/ oils etc) Yes No
 Pressure systems? (gas/ air receivers/ steam boilers) Yes No
 Equipment/ Machinery? (mechanical/ electrical) Yes No
 Transport? (Fork lift trucks/ Cars/ HGV etc) Yes No
 Radiation? (x-ray/ UV/ lasers/ radioactive materials) Yes No
 Asbestos? (building maintenance/ vehicle repairs) Yes No
 Manual Handling? (lifting/ carrying/ pushing/ pulling etc) Yes No

Please use the checklist to help you identify any significant hazards. Once you have done this, it is important to have control measures in place to minimise any associated risk. As well as induction and supervision, control measures may include training, protective clothing or equipment.

One of our Health & Safety team may call to arrange a visit. They will work with you to help you meet your duty of care.

10 Provider's Control Measures

11 Calendar 2009/2010

I am willing to offer placement(s) in August 2009 – June 2010 to the schools below:

(Please tick against relevant schools)

SCHOOL NAME	W/B	✓	SCHOOL NAME	W/B	✓
Linlithgow Academy	7/9/09		Bathgate Academy	30/11/09	
Linlithgow Academy	14/9/09		Whitburn Academy	18/1/10	
West Calder HS	28/9/09		Whitburn Academy	25/1/10	
West Calder HS	5/10/09		Inveralmond CHS	1/2/10	
St Margaret's Academy	12/10/09		Inveralmond CHS	8/2/10	
Deans CHS	26/10/09		The James Young HS	1/3/10	
Deans CHS	2/11/09		The James Young HS	8/3/10	
Armada Academy	9/11/09		St Kentigern's Academy	7/6/10	
Broxburn Academy	16/11/09		St Kentigern's Academy	14/6/10	
Broxburn Academy	23/11/09		All Schools in West Lothian		

12 Insurance Details

Name of Insurance Company

Insurance Policy Number

Date of Expiry

Please refer to West Lothian Council's Letter of Understanding. There must be valid Employer's Liability Insurance over the placement period.

13 Acceptance and Agreement

I confirm that –

- I have read the attached Letter of Understanding between the Council and this firm/organisation, and that all points are acceptable to me and I have taken all appropriate action.
- this company's Employer's Liability Insurance will cover a pupil for the duration of his/ her Work Experience placement.
- the pupil will receive induction and instruction, which includes Health & Safety issues covering identified hazards and control measures, by a competent person.
- the pupil will be supervised at all times.
- the Business consents to the information provided in this form being placed on West Lothian Council's work experience database for access solely by pupils booking work experience placements and their teachers.

Name of Organisation

Signed

Position Date

Thank You

West Lothian Council's Work Experience Programme is a very valuable exercise for all our pupils and is very beneficial to them in their preparation for the world of work.

Thank you for completing this form. Your participation in the Work Experience Programme is very much appreciated.

*Michelle Robertson,
Education for Work Officer*

Please return this form to:

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Education for Work Officer
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