

Work Experience Business Proforma 2010/11

Please complete this form in Adobe reader and RE-SAVE in YOUR company name and email back to us.



1 Placement Provider

Business Name

Contact Name

Job Title

Business Address

Postcode

Tel No Fax No

Email Address

Web Address

Mobile No of Employees

Business Activities

Provider:

The name, address, postcode, telephone and fax number and email of the organisation.

Contact Name:

The person with the responsibility for work experience within the organisation. Normally this person will be the contact individual that pupils would report to on the first morning or when placements are being confirmed.

Please indicate the nature of your business eg. Solicitors, Garage, Engineering, Nursery School, General office within University.

2 Placement Details

Placement Titles(s)	No of Pupils per week	Placement Description
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Title of placement:

Eg. Clerical Assistant, Sales Assistant, Laboratory Assistant.

Placement description:

Details of the types of activities in which the pupil will be involved. Please give as much detail as possible.

West Lothian Council delivers

westlothian.gov.uk



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? **Yes** **No**

If so, please complete section 9. **Yes** **No**

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**

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

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 2010/2011

I am willing to offer placement(s) in August 2010 – June 2011 to the schools below: (Please tick against relevant schools)

SCHOOL NAME	W/B	SCHOOL NAME	W/B
Linlithgow Academy	06/09/10	Bathgate Academy	29/11/10
Linlithgow Academy	13/09/10	Whitburn Academy	17/01/11
West Calder HS	27/09/10	Whitburn Academy	24/01/11
West Calder HS	04/10/10	Inveralmond CHS	31/01/11
St Margaret's Academy	11/10/10	Inveralmond CHS	07/02/11
Deans CHS	25/10/10	The James Young HS	28/02/11
Deans CHS	01/11/10	The James Young HS	07/03/11
Armadale Academy	08/11/10	St Kentigern's Academy	06/06/11
Broxburn Academy	15/11/10	St Kentigern's Academy	13/06/11
Broxburn Academy	22/11/10	All Schools in West Lothian	

12 Insurance Details

Name of Insurance Company	<input type="text"/>
Insurance Policy Number	<input type="text"/>
Date of Expiry	<input type="text"/>

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 actions.
- 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

Name

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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