

WORK EXPERIENCE - SELF PLACEMENT FORM

Student/Guardian - School will not accept this form without a copy of the relevant insurance(s)

Employer Name & Placement Address

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Student Name

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Year Group:

Tutor Group:

Postcode.....

School/College: Millfield Science

Name of Contact

Dates of Work Experience:

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Employer Telephone No.

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Mobile No.....

Email address

Work Experience Job Title

Brief Description of Duties

I confirm that:

- We will take all possible care of the student's health and safety, recognising his/her inexperience, immaturity and lack of awareness of risks.
- We will ensure that the student performs meaningful work as previously agreed in the job description.
- We will not discriminate on the grounds of gender, race, disability, religion, age or sexual orientation.
- We will inform the school or immediately, should we for any reason have to send the student home.
- We understand that if we have not had a placement visit in the last 6 months by EBPnw then a visit may be necessary prior to the student taking up the placement.
- We have Employers & Public Liability Insurance and will inform our Insurance Co. We have accepted the above named student for Work Experience. (See attached copy of my employer's liability insurance)

PLEASE ATTACH A COPY OF YOUR EMPLOYER'S LIABILITY INSURANCE CERTIFICATE TO THIS FORM – SHOULD THE STUDENT BE TRAVELLING IN A MOTOR VEHICLE PLEASE CAN YOU ALSO ATTACHED A COPY OF THE RELEVANT MOTOR VEHICLE INSURANCE CERTIFICATE. Please note that the student cannot join you without this information

GDPR By providing your data to us you are instructing us to act as your Data Processor. We will carry out our work in relation to work placements and site visits with you and will hold your details with your instruction. We acknowledge our GDPR responsibilities and will not communicate the data to any other party unless instructed by you to do so, other than the schools/colleges and their students concerned or if HSE request it. Unless otherwise instructed, we will retain your data for a period either dictated to by law or by our discretion (usually no more than 7 years) or after you send newer details/complete a revisit, whichever is the sooner. All files will then be securely and confidentially destroyed. Our privacy notice is available on line at www.ebnpw.co.uk. Our ICO registration number is : 229835

Signed **Date** / / **Position in Company**