



Self-Placement Internship Medical Form

Student Name:

Form:

As your son/daughter has found their own work experience placement, we would ask you to ensure that you are happy with the placement and the insurance held by the employer.

Employers that have never employed a young person under 18 before (including on Work Experience) will need to review their risk assessment to take into account any risks arising as a result of the young person's age, relative lack of maturity or experience.

A copy of all placements' Employer's Liability Insurance certificate needs to be provided by the employer. The student is required to bring this into school once you have seen it.

DfE guidance states: *Students on Work Experience are classed as employees for Health and Safety purposes. This means employers owe a duty of care to the student, just as they do to any employee. Employers' existing workplace risk assessments may already cover the risks that work experience students may be exposed to. Their existing Employer's Liability Insurance will cover young people, but employers should check this is the case.*

Health & Safety at Work

Introduction to the 'Health & Safety at Work Act' means that employees now have responsibilities whilst at work. Employees (students) should:

1. Familiarise themselves with, and conform to Health & Safety programme at all times, observing safety rules at all times
2. Wear appropriate safety equipment / use appropriate safety devices at all times
3. Conform to all instructions given by the safety officer and those with responsibility for H&S
4. Report all accidents and damage to the section supervisor whether persons are injured or not
5. May make suggestions to improve H&S in the company to the relevant supervisor/safety representative
6. Must report all hazards to the supervisor or health & safety representative

I fully understand that my son/daughter is not covered by the insurance provided for Haslingden High Sixth Form whilst on Work Experience and that it is not School's responsibility to provide this insurance.

I take full responsibility for my son/daughter during his work placement and I am satisfied that appropriate insurance cover and Health & Safety Risk Assessments are in place at:

(*Please provide full name of the company providing the work experience in the space below ***)**





Please complete as applicable and return a copy of this form to school once completed.

DOES HE/SHE	YES/NO	IF YES, PLEASE GIVE MORE DETAIL
Have any restrictions of normal physical activity?		
Have any skin allergies (e.g. eczema)?		
Have any other allergies (e.g. nuts, plasters, medication)?		
Have asthma, bronchitis or chest/breathing complaints?		
Have impaired sight or hearing?		
Have any heart disease affecting their physical capability?		
Have any type of diabetes?		
Have any learning disability which may affect their ability to follow instructions?		
Have any other health problems? (including the need for regular medication). Please attach a separate sheet if necessary)		

Parent or Carer: I agree with my son/daughters work experience placement choices and I confirm that the medical information given above is correct. I understand that for him/her to have a suitable placement, certain relevant information about his/her health will need to be passed to the various agencies.

Parent/Carer Name *(please print)*

Parent/Carer Signature

Date

Student: I fully understand my responsibilities whilst on my agreed work placement.

Student Name

Student Signature

Date