Le Mont Millais
St Saviour
Jersey JE2 7YB
Tel: 516200
Fax: 516201

JERSEY COLLEGE FOR GIRLS

EMPLOYER VISIT FORM AND RISK ASSESSMENT

Work Experience

Attachment for employer of policy for Work Experience

Section 1

1.1. Name of placement provider		
1.2. Principal Contact	Telephone Number	E-Mail Address
1.3. Address of placement offered		
1.4. Nature of provider's business		
1.5 Purpose of Placement and Description		

Section 2

2.1. Employer's Liability Insurance Details

Expiry Date

Policy Number

Insurance Company

Expiry Date of Public Liability

Motor Vehicle Insurance – confirmation of business cover

2.2. Is a Health & Safety Policy in place – copy for the records	**YES**	**NO**
2.3. Has the provider carried out a Risk Assessment – copy for the records	**YES**	**NO**

Delete as applicable

2.4. General Health & Safety Comments: How will it affect the work to be done by the student?

Identified Hazard:

Potential Risk:

Existing Control Measures:

Additional Control Measures Required:

Prohibitions:

2.5. Who will be responsible for:

Induction:
(form available if required)

Training:

Supervision:

2.6. What will the induction cover with the student?

2.7. What machinery and equipment is in use?

e.g. signs and guards in place?

2.8. Will the student be prohibited from working in certain areas of carrying out particular tasks?

2.9. Are the emergency and first aid facilities clear and how will they be explained to the student?

e.g. fire drill, first aid, emergency exits

2.10. What arrangements are in place for the reporting of incidents – (Reports of any incidents related to students may be required)

2.11. Are the premises and welfare facilities suitable for the overall well-being of the student whilst on the placement

e.g. toilet and washing facilities, ventilation, lighting

2.12. Child Protection Guidance provided (form available)

2.13. Approval given by IOSH trained personnel	**YES**	**NO**
2.14. Confirmation that student has received Health & Safety guidance prior to visit (EC)	**YES**	**NO**

Delete as applicable

Section 3

I understand that the information provided and contained in this document will be processed for educational purposes. To ensure confidentiality and privacy, all processing will be carried out under the requirements of the Data Protection (Jersey) Law 2018. I agree that the Employer's Liability insurance covers against accident or injury to the student.

Signed for Employer:_____

Position:_____Date_____

I am satisfied that the named organiser in 1.1 above is suitable for a student placement.

Signed:_____ Employability Coordinator or IOSH trained member of staff

The Department for Education, Sport & Culture reminds all persons having sight of this form; the personal information provided is subjected to fair processing under the Data Protection (Jersey) Law 2018 and should be treated accordingly.

Document check list

To be obtained by Jersey College for Girls:

Placement form
Employer Visit Form and Risk Assessment
Agreement letter (Letter of Understanding)
Copy of Employer Public Liability Insurance
Copy of Health & Safety Policy

Provided for employer by Jersey College for Girls:

Copy of placement form
Copy of Employer Visit Form and Risk Assessment
Agreement letter (Letter of Understanding)
Copy of the Children, Young People, Education and Skills (CYPES) Department's Child Protection Principles and Guidelines