



Work Experience Placement Form  
Monday 31 March to Friday 04 April  
(Forms to be completed and handed back  
to reception by Friday 31 January)

**1. To be completed by the pupil**

Name (please print)..... Tutor group.....

I agree to take part in this work experience programme. I also agree to hold in confidence any information about the employer's business that I may obtain during this work period and not to disclose such information to another person without the employer's permission.

I also agree to observe all safety, security and other regulations laid down by the employer and made known to me either by the employer's representatives or by displayed instructions. I will pass on to my parent or guardian any information, given to me by the Employer, which may affect my personal health, safety or welfare.

Pupil signature..... Date.....

**2. To be completed by the parent/carer**

As parent/carer of the above named young person, I confirm I have read and understood this form and agree to his/her participating in this programme. I also confirm that s/he does not suffer from any medical or other condition which could result in unnecessary risk to his/her health or safety or to the safety of another person. (Should you be in any doubt, please consult with Miss Robinson before signing).

I confirm that if the above named person leaves the employer's premises during lunch or break periods, no liability can be accepted by the employer or the school for any incident that may occur. Once on work experience, you should discuss the arrangements for lunch and break periods with your child and make sure they are suitable.

Parent/carer signature..... Date.....

Print Name.....

**3. Additional Information to be completed by parent/carer**

**Medical Information:** To the best of my knowledge, my son/daughter is medically fit to take part in Work Experience. I include details below of any medical/Physical/dietary factors:

.....  
.....  
.....

**Special Needs Information:** Please indicate below any additional support your child will require while on Work Experience. This will help to determine the level of supervision that your child may require. (Please note this information will be passed on to prospective placements):

.....  
.....  
.....

Parent/carer signature..... Date.....

Print Name.....

**4. To be completed by the employer**

Company name.....

Address.....

.....

Contact Name.....Position.....

Email address.....

Tel no..... Mobile no.....

Placement title/type of work.....

Hours of work..... Dress code.....

Any other important information.....

I also confirm that:

I have Employers Liability Insurance **Yes/No**

Insurance liability certificate attached **Yes/No**

I agree to a Health and Safety check being undertaken via phone and/or in person if deemed required

**Yes/No**

I confirm that, to the best of my knowledge and belief, the information given is correct.

As a representative of the above employer, I agree to the student named above working on company premises, and to abide by all legislation relating to Equal Opportunities, Health and Safety and Child Protection. I will arrange for my Employer's Liability Insurance to provide cover against accident and injury caused to the student by negligence of the employer or another employee and will accept or insure myself against liability for loss, damage or injury caused by the student in the same way as for other paid employees. The student's age and inexperience will be taken into account when agreeing tasks.

Employer signature..... Date.....

Print Name.....