



## WORK EXPERIENCE 13th May – 17th May 2019

To participate in work experience in May, this form must be completed and signed by both Parent/Carer and your prospective employer and returned to Mr Horn by March 8th 2019.

### 1. Student's Details

- a) Name : ..... Form: .....
- b) Home Address : .....
- c) Telephone Number : .....

### 2. Placement Details

- a) Name of Firm : .....
- b) Name of Contact : ..... Position: .....
- c) Type of work : .....
- d) Address: .....
- e) Telephone Number : ..... Postcode: .....
- f) Email address: .....

### 3. Details of Work Experience

- a) Brief Job Description : .....
- b) What hours, approx., will you attend?.....
- c) Does the employer possess Employer Liability Insurance                      YES/NO
- d) Does the employer possess Public Liability Insurance                      YES/NO

### 4. Parental Permission

I would like ..... (name of student)  
to take part in the Work Experience Scheme.

**\*Signed:** ..... **Date:** .....  
**(Parent/Carer)**

Does your daughter/son have a health problem in any of the following **which would affect them doing their work experience placement?** (Please tick).

- Restrictions for normal physical activity or games
- Skin allergies, eczema, other allergies (eg: nuts)
- Bronchitis, asthma, chest complaints
- Hearing problems or ear discharge
- Heart disease that effects their ability to do physical tasks
- Diabetes
- Fits or fainting attacks
- Significant colour defect or other visual problems
- Learning disability which may cause them not to understand instructions
- Any other health/emotional/behavioural issues-(including need for regular medication). (Please give details)
  
- There are no health reasons affecting my daughter's/son's ability to take this placement.

\*Signed ..... Parent/Carer Date.....

**To the Employer**

**I confirm that Public Liability Insurance and Employers Liability Insurance will be in place at the time of the work experience placement.**

*Parents and students need to know what measures are in place to control significant risks associated with the placement **before it begins**. You are not obliged to provide this information in writing; it could be passed on at a visit to your premises by the student for conveyance to his/her parent/carer **before** they come on placement. You may find it convenient, however, to pass written information to the school who will distribute it to the student and their parent/carer. Please complete and sign one of the options below:*

- OPTION 1:** there are no significant risks associated with this placement for this young person (please tick if appropriate).
- OPTION 2:** the student will be told of significant risks and control measures at a placement visit (please tick if appropriate).
- OPTION 3:** please complete the following table:

<i>Significant risk</i>	<i>Measure in place to control</i>

\*Signed ..... (employer) Date:.....

**Parental permission:** I have seen the above risk assessment and am happy for the placement to proceed.

\*Signed ..... (parent/carer) Date:.....