



WORK EXPERIENCE

29 June – 3 July 2020

To participate in work experience in July, this form must be completed and signed by both Parent/Carer and your prospective employer and returned to Mr Horn by 24th April 2020. If your work experience block placement is outside of Devon please return the form by 20th March. This is to allow enough time for the relevant checks to be made..

1. Student's Details

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

2. Placement Details

- a) Name of Firm :
- b) Dates of Placement - 29/6/2020 to 3/7/2020
- c) Name of Contact : Position:
- d) Type of work :
- e) Address:
- f) Telephone Number :..... Postcode:
- g) 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)

To the 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:.....