

Bishop's Hatfield Girls' School

Work Experience Placement Form

Work Experience Week: 1st – 5th July 2019

Student's Name:

Tutor Group:

Lifeskills Group:

Employer/Organisation Name and Address (inc postcode):

Name of Contact at placement:

Position:

Tel:

Email:

Mobile:

Web:

Main Business of Company/Organisation:

Work Experience Job Title and Description of Activities:

Is the address above where the work experience will take place?

Yes

No

If NO please give details:

Days/hours of attendance; lunch arrangements:

Dress Code:

Placements may have to be vetted by our agent Sirrond Ltd. The questions below are to assist with this process.

Employers Liability Insurance and Public Liability Insurance are legal requirements for placements. We cannot take up offers of placements from organisations without such cover.

Employers Liability Insurance:

Insurer:

Policy No:

Expiry Date:

Do you have valid PUBLIC LIABILITY insurance cover?

Yes No

Do you have 5 or more employees (inc work experience student)?

Yes No

Do you have written Risk Assessments covering all employees including young people?

Yes No

Please return the form to Ms Braybrook, Work Experience Administrator.

EMPLOYER: By completing and returning this form, I understand that I am confirming my offer of a placement, that the information provided by me is accurate, that the working environment is safe for young people and that adequate supervision will be provided. I also understand that my employer details will be added to the Link2 schools' database and that I may be contacted for future placement opportunities. Please sign overleaf.

Signed:

Position:

Print Name:

Date

PARENT/GUARDIAN: I agree to my son/daughter carrying out the above placement:

Name:

Signed:

Email:

Medical and consent information

Parent / carers telephone number: Name: Phone number

Alternative contact : Name Phone number

Please complete the box to detail any medical and health information the placement should be aware of:

Does your child require/hold an EPI PEN? YES/NO

PLEASE NOTE: THIS INFORMATION WILL BE SHARED WITH THE EMPLOYER

Parents can provide money for lunch and transport while on work experience.

Pupils will be expected to wear business clothes to the interview and appropriate clothing for their placement during the week. This clothing should be agreed with the placement supervisor

- a) I have read the information about the proposed visit and I agree to my child taking part in Work Experience activities. I declare my child fit enough to undertake these activities. I have declared any medical concerns on this form.
- b) I consent to the staff in charge giving written permission for any hospital treatment, including transfusion or operation if a delay in requesting my consent would hinder the child's progress.
- c) Pupils will be required to make their way to and from their Work Placement.
- d) The placement is aware of my daughter's health and medical needs.

Signed: (parent / carer) Please print name:

Please return the form to Ms Braybrook, Work Experience Administrator.