

Work Experience Placement Form

Student Details:

Name: Form:

Address:

Postcode: Home Tel: Mobile:

Employers Details: Work Experience Title: _____

Company Name: _____ Contact Name: _____

Address: _____ Tel No: _____

_____ Fax No: _____

_____ Postcode _____ Email: _____

In order for a company to take a student on work experience they MUST have BOTH Employers Liability Insurance (E.L.I) and Public Liability Insurance (P.L.I). Do you hold these certificates?

Employers Liability Insurance (E.L.I):

Yes: No: Expiry Date

Public Liability Insurance (P.L.I):

Yes: No: Expiry Date

(Please note that it is a contractual requirement that a representative from The Blyth School visits all potential placements before they begin)

As a representative of the above employer I agree to the student named above working on my premises in accordance with our Letter of Understanding (see overleaf) and acknowledge my responsibilities under the Health & Safety Work Act.

Name (printed): _____ Position: _____

Signed: _____ Date: _____

STUDENT

As the student named above I agree to take part in this work experience scheme and confirm that I have read and understand both sides of this form. I also agree to keep confidential any information about the Employer's business which I may obtain during this work period and not to disclose any such information to another person without the Employers permission. I also agree to observe all safety, security and other regulations laid down by the Employer and made known to either by the Employers representatives or by displayed instructions

Signed: _____ Date: _____

**PARENT/
GUARDIAN**

As Parent/Guardian of the student named above I confirm that I have read and understood both sides of this form and agree to his/her taking part in this scheme and undertake that he/she will observe the conditions set out. **I have read and understood the information about data protection and agree to abide by the elements stated.** In the interest of my child I confirm that: **(Delete as appropriate)**

1. He/she does not suffer from any medical condition which could result in an unnecessary risk to his/her health or safety or to the health of safety of another person. (Should you be in any doubt, please contact Mr Gilroy/Mr Herron before signing this form)
2. He/she suffers from the following medical condition which should be conveyed to the employer. (Attach details)

Name: _____ Date: _____

Signed: _____

Upon completion, this form should be returned to the KS4 office or Mr I Herron