

# WORK EXPERIENCE AGREEMENT FORM

This form must be completed and returned to the School when a student has sourced their own work experience placement. It is essential that the school are informed so that the required health & safety and insurance checks can be carried out by a Work Experience Co-ordinator.

Pupil Name:  Form

## EMPLOYERS INFORMATION

Company name:

Address:

Contact name:  No of employees:

Phone:

Email:

Nature of business:

|  |                      |
|--|----------------------|
| Job Title:   | <input type="text"/> |
| Brief description of work experience job role and any special dress code | <input type="text"/> |

The student will take part in work experience during the following period (please tick box)

|         |              |              |                          |
|---------|--------------|--------------|--------------------------|
| Week 1  | 10 July 2017 | 14 July 2017 | <input type="checkbox"/> |
| Week 2  | 17 July 2017 | 21 July 2017 | <input type="checkbox"/> |
| 2 weeks | 10 July 2017 | 21 July 2017 | <input type="checkbox"/> |

Working hours From  Until:  Breaks:

## EMPLOYERS LIABILITY (COMPULSORY) INSURANCE

Employers Liability (Compulsory) Insurance: without details below the placement form will not be accepted. It would be helpful if you attach a photocopy or a scan of your current ELI policy certificate

Name of Insurer  Policy Number  Expiry Date

As a representative of the above Company I agree to offer this student a Work Experience placement as described above.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Parental Information

How was the placement found? Is it through a friend, relative, neighbour? Did you write a letter, telephone or visit the employer?

Why are you recommending this placement? How long have you known them? We need all the assurances you can give us and good reasons why you think your son/daughter will be safe and well looked after.

Does your child have any medical conditions that an employer needs to be aware of? If yes, please give details.

**As Parent/Carer I agree to my son/daughter attending this particular work experience placement.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_