

# YEAR 10 STUDENT WORK EXPERIENCE FORM

The student must return this fully completed form prior to commencing their placement

## SECTION A (to be completed by the student)

School	Hinchingbrooke School		
Student's Name	Tutor Group	DOB	
Student's Home Telephone Number	Student's Mobile Number		
Name of Company/Employer/Placement			
Dates of Placement			
Student's Signature	Date		

## SECTION B (to be completed by the Employer)

Name of Company				
Name of Company Contact		Position		
Company Address				
Contact Email		Contact Telephone Number		
Date Work Experience Starts		Date Work Experience Finishes		
Type of Business		Number of Employees		
<b>Employers' &amp; Public Liability Insurance cover are both required for work experience</b>				
Does your company have Employers' Liability Insurance?		Yes		No
Name of Insurer				
Policy Number		Expiry Date		
Does your company have Public Liability Insurance?		Yes		No
Does your company have Health & Safety Policy?		Yes		No
Does your company have Written Risk Assessments?		Yes		No
Are the company premises registered with the enforcing authority? (eg HSE or District Council)		Yes		No
If the student is to be based in a different location to the company address, please give details				

## SECTION B continued (to be completed by the Employer)

### PLACEMENT DESCRIPTION & RISK ASSESSMENT

To be completed by the employer

Job title				
Brief description of duties				
Start time		Finish time		
Please confirm that you have Risk Assessments in place for the duties that students will be asked to complete			Yes	No
Please list any prohibited or restricted tasks, areas or work equipment				
Are there any relevant learning/behavioural difficulties, disabilities or medical health conditions that would stop a young person working in your environment?			Yes	No
If 'Yes,' please indicate what these are				

Employer's Name (print)	
Employer's Signature	Date

## SECTION C (to be completed by the Parent/Carer)

An employer participating is asked to confirm that they have Employer and Public Liability Insurance that covers a student on work experience.

Under health and safety law the student is regarded as an employee of the work experience provide for the duration of the placement. As such, the employer has the same responsibilities for the health, safety and welfare of the student as it does its other employees.

You are however required to disclose any medical conditions or additional needs the student may have to enable the employer to ensure the health, safety and welfare of the student during the placement.

Failure to disclose any medical conditions or additional needs may jeopardise the success of the placement and could invalidate your child's insurance cover.

### PARENT/CARER DECLARATION

Student's Name \_\_\_\_\_

As parent/carer of the student named above, I confirm that I am happy for my child to undertake their placement with the employer. I accept responsibility for them during the work experience including when not on site eg lunch/travel to and from the work experience. I also undertake to ensure that they adhere to the stipulated conditions.

I confirm that they do/do not\* have any medical condition that could result in unnecessary risk to their health and safety or to the health and safety of another person whilst undertaking work experience.

Please delete as appropriate\*

### MEDICAL

My child has the following condition(s) – please indicate if your child regularly takes any medication that needs to be brought to the workplace:

Whilst undertaking work experience this means that they will/might need the following assistance support:

**Parent/Carer Name (print)**

**Parent/Carer Signature**

**Date**

### STUDENT DECLARATION

As the student named above, I confirm that I have read and understood the job description. I agree to follow all safety, security and other instructions, given by the employer, both written and verbal (including any included in the Risk Assessment). I also undertake not to disclose any information confidential to the employer without the employer's approval and will not utilise Social media in an unprofessional way.

**Student Name (print)**

**Student Signature**

**Date**