ST BERNARD'S HIGH SCHOOL

Year 12 WORK EXPERIENCE SELF PLACEMENT Monday 24th – Friday 28th June 2019

Form:



Section 1: To be completed by the student in **CAPITALS** and **BLACK INK**

	Contact Name	<u> </u>	
	Post Code:		
	Email:		
Liability Insura	nce are legal req	uirements for Worl	
up offers of Work			
•	Experience from	companies without	t such cover.
	Experience from	Yes:	
y insurance? ty insurance	Experience from		t such cover.
y insurance?	Experience from		t such cover.
y insurance? ty insurance	Health and Safe	Yes: Expiry Date: ty Policy?	t such cover.
y insurance? ty insurance Policy No:	Health and Safe	Yes: Expiry Date: ty Policy?	No:
y insurance? ty insurance Policy No: YES / NO	Health and Safe	Expiry Date: ty Policy? ssessment for ience Placement?	No: YES / NO
y insurance? ty insurance Policy No: YES / NO YES / NO YES / NO	Health and Safe A specific Risk A this Work Exper A First Aid Certif	Expiry Date: ty Policy? ssessment for ience Placement?	YES / NO YES / NO YES / NO
y insurance? ty insurance Policy No: YES / NO YES / NO YES / NO	Health and Safe A specific Risk A this Work Exper A First Aid Certif	Expiry Date: ty Policy? ssessment for ience Placement? ficate?	YES / NO YES / NO YES / NO
	the EMPLOYER/C	Post Code: Email: the EMPLOYER/COMPANY providi Liability Insurance are legal req	Contact Name: Post Code:

Continued overleaf

Student's Name:

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Section 4: To be completed by Parent/Guardian

I confirm that I have agreed to my daughter participating in this placement and will be responsible for her actions whilst on placement. I have satisfied myself that the placement is a safe environment for my daughter to undertake work experience. Signed: Name: Date:

Sig	gned:	Name:	Date:		
•	 actions whilst on placement. I have satisfied myself that the placement is a safe environment for me to undertake work experience. 				
•		o participate in this placement and	will be responsible for my		
Sec	tion 4: To be completed by St	tudent			

Completed form to be returned to Mrs Davies by 10.05.2019 at the latest