

ST BERNARD'S HIGH SCHOOL



Year 12 WORK EXPERIENCE SELF PLACEMENT

Monday 22nd – Friday 26th June 2020

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

Student's Name:	Form:
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Section 2: To be completed by the **employer** in **CAPITALS** and **BLACK INK**

Company Name:	
Business:	Contact Name:
Address:	
	Post Code:
Tel:	Email:
Work Experience Job Title:	
Activities:	

Section 3: To be completed by the **EMPLOYER/COMPANY** providing Work Experience

Employer Liability and Public Liability Insurance are legal requirements for Work Experience. We regret we are unable to take up offers of Work Experience from companies without such cover.			
Do you have Employer Liability insurance?		Yes:	No:
Name of your Employer Liability insurance provider:			
Cover: £	Policy No:	Expiry Date:	
Public Liability insurance?	YES / NO	Health and Safety Policy?	YES / NO
Written Risk Assessments?	YES / NO	A specific Risk Assessment for this Work Experience Placement?	YES / NO
A Fire Certificate?	YES / NO	A First Aid Certificate?	YES / NO
Please confirm your offer of a Work Experience placement (Manager/Supervisor should sign below)			
For and on behalf of: (Company Name)			
Signed:		Print Name:	
Position:		Date:	

Continued overleaf

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:

Section 4: To be completed by **Student**

- I confirm that I have agreed to participate in this placement and will be responsible for my actions whilst on placement.
- I have satisfied myself that the placement is a safe environment for me to undertake work experience.

Signed:

Name:

Date:

Completed form to be returned to **Mrs Davies** by **08.05.2020** at the latest