

# ST BERNARD'S HIGH SCHOOL



## Year 10 WORK EXPERIENCE SELF PLACEMENT Monday 29<sup>th</sup> June – Friday 10<sup>th</sup> July 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**

<b>Company Name:</b>	
<b>Business:</b>	<b>Contact Name:</b>
<b>Address:</b>	
	<b>Post Code:</b>
<b>Tel:</b>	<b>Email:</b>
<b>Work Experience Job Title:</b>	
<b>Activities:</b>	

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

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

<b>Safeguarding</b>	<b>Yes</b>	<b>No</b>
Will the student whilst on placement be working with just one adult for more than 3 days?		
Will the member of staff working with the student be unsupervised?		

**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.

<b>Signed:</b>	<b>Name:</b>	<b>Date:</b>
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**Section 5:** 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.

<b>Signed:</b>	<b>Name:</b>	<b>Date:</b>
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Completed form to be returned to **Mrs Davies** by **08.05.2020** at the latest