

ST BERNARD'S HIGH SCHOOL

WORK EXPERIENCE SELF PLACEMENT

Please return to Mrs Davies by **Thursday 28th April 2022**
Year 12 dates 20.06.2022-24.06.2022

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

| | |
|------------------------|--------------|
| Student's Name: | Form: |
|------------------------|--------------|

Section 2: To be completed by the **employer** in **CAPITALS** and **BLACK INK**

| | |
|-----------------------------------|----------------------|
| Company Name: | |
| Business: | Contact Name: |
| Address: | |
| 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: | |

| Safeguarding | Yes | No |
|---|------------|-----------|
| 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? | | |

Section 4: To be completed by **Parent/Guardian**

| | | |
|--|--------------|--------------|
| <ul style="list-style-type: none"> I confirm that I have agreed to my daughter/son participating in this placement and will be responsible for her/his actions whilst on placement. I have satisfied myself that the placement is a safe environment for my daughter/son to undertake work experience. | | |
| Signed: | Name: | Date: |

Section 5: To be completed by **Student**

| | | |
|--|--------------|--------------|
| <ul style="list-style-type: none"> 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: |

