

# Year 10 Work Experience Programme Application Form Monday 8<sup>th</sup> – Friday 12<sup>th</sup> July 2019

PLEASE FILL IN USING BLOCK CAPITALS

**Student Name:**

**Age of student when on placement:**

**Tutor Group:**

**Employer Name:**

**Address of placement:**

**Postcode:**

**Type of business/industry:**

**Contact person:**

**Email:**

**Tel:**

**Agreed working hours (i.e. 9:00 – 17:00):**

**Dress code:**

**Typical duties:**

**Additional Information for Student/Parent/School:**

**Please return this form to Elms reception**



# Year 10 Work Experience Programme Application Form Monday 8<sup>th</sup> – Friday 12<sup>th</sup> July 2019

**Dear Employer,**

**by signing this form you are agreeing to the following terms:**

- I have appropriate insurance to cover work experience students and will email a copy of the policy, when requested. I have notified my brokers, if necessary.
- I will undertake to provide induction training including Health, Safety and Emergency arrangements
- I will notify the school in the event of any absence, early termination of placement, injury or any other difficulties regarding the student.
- I will undertake to have due regard for the welfare of the young people in the workplace and understand that it may be necessary to undergo a Criminal Records Bureau Check in line with the 'Safeguarding of Children in Education' (DfES Guidance September 2004)
- I am aware of the requirement for employers to complete a suitable and sufficient risk assessment and to provide information to a parent/guardian for a child of compulsory school age in accordance with the Management of Health and Safety at Work Regulations 1999 (as amended)

Employer's Signature	
Print Name	
Date	

**Dear Parent,**

**please sign below giving permission for your son/daughter to attend a Work Experience placement at the above company from Monday 8<sup>th</sup> July to Friday 12<sup>th</sup> July 2019.**

Parent's Signature	
Print Name	
Date	

**Please return this form to Elms reception**