

Year 10 Work Experience Confirmation of Placement

 **Monday 11th – Friday 15th July 2022**

*This form must have either the signature of the employer who has offered you the placement on it or a signed letter of confirmation from the employer attached*

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| **Student Details** |
| Student Name: |  |
| Tutor Group: |  |
| Home Address : |  |
| Contact telephone number: |  |
| **Work Placement Contact Details**  |
| Organisation/Employer Name: |  |
| Address: |  |
| Type of business: |  |
| Name of contact: |  |
| Email address: |  |
| Contact telephone number: |  |
| Employers Liability Insurance Policy Number: |  |
| Expiration date: |  |
|  |
| Agreed working hours: |  |
| Clothing to be worn: |  |
| Typical duties: |  |

Dear Employer,

By signing this form, you are agreeing to the following terms:

1. I have appropriate insurance to cover work experience students (and have notified my brokers if necessary)
2. I will undertake to provide induction training including Health, Safety and Emergency arrangements
3. I will notify the school in the event of any absence, early termination of placement, injury or any other difficulties regarding the student and their attendance.
4. 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)
5. 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)

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| Employer’s Name: |  | Date: |  |
| Employer’s Signature: |  |
| Parent/carer’s Name: |  | Date: |  |
| Parent/carer’s Signature: |  |

**This form MUST be completed and returned to Mr Chugg by FRIDAY 3rd DECEMBER 2021**