

Work Experience 2022

**APPLICATION FORM 6th to 19th JULY**

# SECTION 1 - TO BE COMPLETED BY THE STUDENT

Your Full Name: ……………………………………………

Home Address: …………………………………………………………………………………….

Postcode: ……………………….. Home Telephone Number: ………………………...………

Parent/Guardian Name: ………………………………………………………………………….

# SECTION 2 – EMPLOYER AGREEMENT – TO BE COMPLETED BY THE EMPLOYER

**Note to Employers:** To offer a work experience placement you must have both **Employers’ Liability Insurance** and **Public Liability Insurance.**

Nature of Business: ………………………………………………………………….....................

Company Name: ……………………………………………………………………………………

Placement Address: ………………………………………………………………………………

Telephone: ..…………………….………………… Email Address:…………………………….

I am prepared to offer work experience to this student from 6th to 19th July 2022.

Type of work experience offered: ………………………………………………………………

Does the working environment mean the student will be working alone with one person for more than 50% of the time (in this context, working alone means that there is no one else in the vicinity).

Yes No

## If you have answered yes to the above question, unless the supervisor is a close relative of the student, you may be required to complete a Disclosure and Barring Service (DBS) check.

Is the main supervisor a close relative of the student? Yes No If no, is he or she happy to complete a DBS check? Yes No

## Employers’ Liability Insurance Policy Number: ……………………Expiry Date: …………..

* I confirm that the organisation’s Employers’ Liability Insurance covers the student on Work Experience.
* I confirm that the organisation’s Public Liability Insurance is at least £2,000,000.
* I confirm that the workplace is compliant with all Government guidelines concerning Covid.

Company Contact (*please print*)

Mr/Mrs/Miss/Ms Signed: …………………………………………………………………………….

Position: ………………………………………………………… Date: ……………………………...

# SECTION 3 – STUDENT AGREEMENT-TO BE COMPLETED BY THE STUDENT

I agree to take part in this work experience and to treat in confidence any information I may obtain about the employer’s business. I also agree to obey all safety, security and other instructions given to me by the employer’s representatives or in displayed instructions, and to behave in a mature and sensible manner during my work placement. In the event of any absence due I will inform my employer school immediately. I will continue to take the Covid Lateral Flow Test throughout my work placement and will comply with all measures relating to Covid as implemented by the employer.

**Student Signature: …………………………………………….. Date: ……………………**

# SECTION 4– PARENT/GUARDIAN AGREEMENT-TO BE COMPLETED BY PARENT

I, the parent/guardian of this student agree to him/her taking part in this work placement and confirm that he/she can travel to the places indicated. In the event of his/her absence due to any unavoidable cause I will ensure that he/she notifies the employer and the school immediately. I confirm that my son/daughter will continue to take the Covid Lateral Flow Test throughout the placement.

1. Does your child have any special education needs or learning difficulties? Yes / No
2. Does your child have a medical condition? Yes / No

If you answered “YES” to questions 1 or 2 above, please provide further details: …………

…………………………………………………………………………………………………………….

I agree to my child participating in a Work Experience for two weeks and take full responsibility for their transport to and from work and for their health and safety whilst at work.

**Signed: (*Parent/Carer*)**

**Name: …………………………………………….. (*Please print*) Date……………………**