The Cottesloe School

Work Experience 2020

WORK EXPERIENCE APPLICATION FORM 7th – 21st 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 7th to 21th July 2020

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.

Prepare, Aspire, Succeed

Is the main supervisor a close relative of the student? Yes ☐ No ☐

If yes, please indicate relationship:……

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.

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 my absence due to sickness or other unavoidable cause I will inform my employer and the school immediately.

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 sickness or other unavoidable cause I will ensure that he/she notifies the employer and the school immediately.

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 two week Work Experience 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: ……..…