



APPLICATION FOR WORK EXPERIENCE

**SECTION A: To be completed by the STUDENT**

NAME:		DATE OF BIRTH:	
ADDRESS:			
POSTCODE:		YEAR GROUP:	
WORK EXPERIENCE DATES:	FROM:		TO:

**SECTION B: To be completed by the PARENT/CARER**

CONSENT:	<i>I/We give consent for my child to undertake the work experience placement as indicated below.</i>		
PARENT/CARER SIGNATURE/S			
PARENT/CARER NAME/S ( <i>Block Capitals</i> )		CONTACT TELEPHONE NUMBERS:	
		HOME:	
		MOBILE:	
DATE:		CONTACT EMAIL:	

**SECTION C: Parent/Carer please complete the work experience placement details below. The Academy will then contact the placement for the further details.**

If the placement is with a family member, relative or friend please state here.

**To be completed by PARENT/CARER or WORK EXPERIENCE BUSINESS or ORGANISATION**

BUSINESS OR ORGANISATION:			
ADDRESS:			
POSTCODE:		CONTACT TELEPHONE NUMBER:	
CONTACT NAME:		CONTACT EMAIL ADDRESS:	
POSITION:			
DURATION OF WORK EXPERIENCE:	FROM:		TO (inclusive):
WORKING HOURS:			
SIGNED:		DATE:	

**Checklist to be completed by the WORK EXPERIENCE BUSINESS or ORGANISATION**

	CHECKLIST	Yes	No
1	Do you have a written Health and Safety Policy?		
2	Do you have a policy regarding health and safety training for people working in your undertaking, including use of vehicles, plant and equipment, and will you provide all necessary health and safety training for the placement student?		
3	Is the organisation registered with:		
	a) The Health and Safety Executive? b) The Local Authority Environmental Health Department?		
4	Insurance		
	a) Is Employer and Public Liability Insurance held? b) Will your insurances cover any liability incurred by a placement student as a result their duties as an employee?		
5	Risk Assessment		
	a) Have you carried out risk assessment of your work practices to identify possible risks, whether to your own employees or to others within your undertaking, including placement students?		
	b) Are risk assessments kept under regular review? c) Are the results of risk assessment implemented?		
6	Accidents and Incidents		
	a) Is there a formal procedure for reporting and recording accidents and incidents in accordance with RIDDOR?		
	b) Have you procedures to be followed in the event of serious and imminent danger to people at work in your undertaking?		
	c) Will you report to The Academy all recorded accidents involving placement students? d) Will you report to The Academy any sickness involving placement students which may be attributable to the work?		

**Placement - Contact Personnel**

Who is your nominated contact for compliance with the requirements of health and safety legislation?

**Name (Block Capitals):**

**Telephone Number:**

The above statements are true to the best of my knowledge and belief.

Signed: .....

Position: .....

Print Name: .....

Date: .....

**Employer and Public Liability Insurance Policy Number**

**Insurance Company Name**

Thank you for completing the details required. Please return the form together with a copy of your Employer and Public Liability document (if this is not possible please include policy number and company details) to **Mrs Carmel Brady** at The Harefield Academy.

**Telephone Number: 01895 827923**

**Email address: [cbrady@theharefieldacademy.org](mailto:cbrady@theharefieldacademy.org)**