



WORK EXPERIENCE AGREEMENT FORM

If you find your own placement, please ensure all the sections are completed clearly. You will only be able to do work experience where there is Employers Liability Insurance in place. Please ask the employer to attach a copy of their certificate to this form. **This form will be returned to you if there are no ELI details.**

If you have found the placement through school, please ensure you have this form signed by your parents/carers and the employer. The employer must also confirm their ELI details. **This form will be returned to you if there are no ELI details. Work Experience Dates: Tuesday 2 May 2017 - Friday 12 May 2017.**

Student name:

School name: Form:

Student Signature:

Students age on first day of work experience: yrs mths

Employer Section (Thank you very much for offering to host a student on work experience.)

Organisation name:

Department: Approx no. of employees: M F

Address:

Name of contact: Position:

Tel: E-mail:

*** As a representative of the above company I agree to offer this student a work experience placement as described below.**

Signature: Date:

Brief description of activities:

Hours of work:

Any special dress code:

Employers Liability (Compulsory) Insurance: **(Without details below the placement form will be not be accepted).** It would be helpful if you attach a photocopy or a scan of your current ELI policy certificate

Name of Insurer: Policy No: Expiry Date

The Right Start is a short introduction to the employer's responsibilities. This can be accessed at: <http://www.hse.gov.uk/pubns/indg364.pdf> . Please confirm by putting a Y (for YES) in the box to indicate that you have read it and made a copy available to anyone who will be supervising the student while they are with you.

Parent Section

How was the placement found? Is this through a friend, relative, neighbour, did you write a letter, telephone or visit the employer?

Parental recommendation:

Why are you recommending this placement? How long have you known them? We need all the assurances you can give us and good reasons why you think your son / daughter will be safe and well looked after.

Does your child have any medical conditions that an employer needs to be aware of?

* As parent/carer I agree to my son/daughter attending this particular work experience placement.

Parents' signature:

Tel:

Email:

Please return this form to:

Mr S Adams
Westfield School
Eckington Road
Sothall
Sheffield
S20 1HQ