



Westfield School

Chorus Education Trust

WORK EXPERIENCE PLACEMENT FORM

Monday 1st June – Friday 12th June 2020

This form must be completed and returned to the School when a student has sourced their own work experience placement. It is essential that the school are informed so that the required health & safety/insurance checks can be carried out.

Pupil Name: Form

EMPLOYERS INFORMATION

Business/Organisation name:

Address:

Contact name & Position:

Phone: preferably mobile & landline (required)

Email: (required)

Nature of business:

Brief description of work experience job role

Any dress code?

The student will take part in work experience during the following period (please tick box)

Both Weeks	1 June 2020	12 June 2020	<input type="checkbox"/>
Week 1	1 June 2020	5 June 2020	<input type="checkbox"/>
Week 2	8 June 2020	12 June 2020	<input type="checkbox"/>

Working hours From Until: Breaks:

EMPLOYERS LIABILITY (COMPULSORY) INSURANCE

As a representative of the above employer I agree to the student named above working on my premises and acknowledge my responsibilities under the Health and Safety at Work Act. The student's age and inexperience will be taken into account when agreeing tasks, and I understand that the student must not undertake prohibited activities.

PTO

I also sign to confirm that:

- I have employers' and public liability insurance (ELI & PLI)
- I have checked the student is covered by this insurance
- I am willing to produce this certificate for a H&S visitor if necessary
- I agree to a health & safety check if needed

ELI Policy Number:		ELI Expiry Date:	
Signed:		Position:	
Name (Printed):		Date:	

WORK EXPERIENCE PARENTAL CONSENT

Does your child suffer from: Migraines Yes/No Epilepsy Yes/No Diabetes Yes/No Asthma Yes/No
 Hearing problems Yes/No Mobility problems Yes/No Allergies Yes/No _____
 Any other medical ailment or illness: _____

Please ensure your child has any medications with them for the duration of their work experience placement if they are necessary ie epipen/asthma inhaler

PARENTAL EMERGENCY CONTACT INFORMATION

Parental Contact during work experience	Name(s)
Emergency contact number(s)/email address(es)	

PARENTAL DECLARATION

As the parent/carer, I agree for my child to take part in work experience. I understand that as the parent/carer, it is my duty to supply any relevant medical/health issues or special educational needs to my child's school and the Employer which could affect my child's safety whilst on placement.

By signing this form, I agree with all the information given in the health declaration

Parent Signature: _____ Date: _____

Print Name: _____