**Fullbrook 6**

**Year 12 Work Experience - 15 – 19 July 2024**

**Employer’s Information Form**

**(Information for School, Parents and Student)**

**To be completed by the student:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |  | Age at time of work experience | \_\_\_\_\_\_ years old |

**To be completed by the employer:**

|  |  |
| --- | --- |
| Name of Company |  |
| Address |  |
| Tel no / ext |  |
| Email Address (please print) |  |
| Contact Name  (Mr, Mrs, Ms, Miss, Dr) |  |
| Position in company |  |
| Employee taking responsibility for the Student |  |

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| --- |
| *Your existing employer’s liability insurance policy will cover work placements provided your insurer is a member of the Association of British Insurers, or Lloyds, so there is no need for you to obtain any additional employer’s liability insurance if you take on work experience students.*  *http://www.hse.gov.uk/youngpeople/workexperience/placeprovide.htm*  ***Please attach a copy of your Employer Liability Insurance Certificate to this form. Thank you.*** |

|  |  |
| --- | --- |
| Insurance Company |  |
| Policy Number |  |
| Expiry Date |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Is your insurance automatically renewed? |  |  |
| Does your employer liability insurance cover work experience students? (ie is your insurance with a member of the Association of British Insurers or Lloyds?) |  |  |
| Are you a ‘One-Person Business’? |  |  |
| Do you have 5 or more employees including the work experience student? |  |  |
| If YES: Do you have a written Health & Safety Policy and arrangements |  |  |
| Do you have a written risk assessment |  |  |
| Do you have a young person’s risk assessment? If no, please see link for a template [http://www.hse.gov.uk/risk/risk-assessment-and-policy-template.doc](https://mail.georgeabbot.surrey.sch.uk/owa/redir.aspx?C=e4c29ee0e3eb4ff6b581666150f0aabf&URL=http%3a%2f%2fwww.hse.gov.uk%2frisk%2frisk-assessment-and-policy-template.doc) |  |  |

|  |  |
| --- | --- |
| Work that the company undertakes: |  |
| Tasks that the student will be undertaking: |  |
| Objectives for the placement: |  |
| Significant risks that a student may come into contact with and how they will be managed: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Low risk** | **Medium risk** | **High risk** |
| Do you consider the tasks the student will be undertaking to be: |  |  |  |
| Do you consider the work environment to be: |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Will the student be working away from the company base? |  |  |
| If YES please confirm that the company has adequate vehicle insurance and that the student will be insured for the journey and the destination. |  |  |

|  |  |  |
| --- | --- | --- |
| Please state days of work (eg. Monday to Friday) | Start time: | Finish time: |
| Number of, and duration of breaks |  | |
| Is food available to buy on site? |  | |
| Will staff be on site during breaks? |  | |
| Suitable clothing: (will the company supply suitable clothing - uniform/safety clothing if required, or will the student be required to purchase own safety clothing?) |  | |
| Please state any clothing that should not be worn. |  | |

|  |  |  |
| --- | --- | --- |
| Would you like the student to contact you again before the placement begins? | **Yes** | **No** |

|  |  |
| --- | --- |
| Signature:  Print name: | Date:  Date: |

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| *By completing and signing this document you freely give Fullbrook School consent to pass this information onto the students and parents and to store the information digitally.*  *For information on Fullbrook’s data privacy notice please go to* [www.learningpartners.org/dataprivacy](http://www.gepacademies.com/dataprivacy) |