**ST BERNARD’S HIGH SCHOOL**

**WORK EXPERIENCE SELF PLACEMENT YEAR 12**

**Work Experience Dates: (From: To: )**

Please complete **ALL** sections. Return to Mrs L Phillips (lph@stbernards.southend.sch.uk) by Friday 10th May 2024.

Section 1: To be completed by the student in **CAPITALS** and **BLACK INK**

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| **Student’s Name:**  | **Form:**  |

**Section 2:**  To be completed by the **employer** in **CAPITALS** and **BLACK INK**

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| **Company Name:**  |
| **Business:**  | **Contact Name:**  |
| **Address:**  |
| **Tel:**  | **Email:**  |
| **Work Experience Job Title:**  |
| **Activities:**   |

**Section 3:**  To be completed by the **EMPLOYER/COMPANY** providing Work Experience

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| **Employer Liability and Public Liability Insurance** are **legal** requirements for Work Experience. We regret we are unable to take up offers of Work Experience from companies without such cover.  |
| Do you have **Employer Liability** insurance?  | **Yes:**  | **No:**  |
| Name of your **Employer Liability** insurance provider:  |   |
| **Cover: £**  | **Policy No:**  | **Expiry Date:**  |
| **Public Liability** insurance?  | **YES / NO**  | Health and Safety Policy?  | **YES / NO**  |
| Written Risk Assessments?  | **YES / NO**  | A specific Risk Assessment for this Work Experience Placement?  | **YES / NO**  |
| A Fire Certificate?  | **YES / NO**  | A First Aid Certificate?  | **YES / NO**  |
| Please confirm your offer of a Work Experience placement (Manager/Supervisor should sign below) **For and on behalf of:** (Company Name)  |
| Signed:  | Print Name:  |
| Position:  | Date:  |

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| **Safeguarding**  | **Yes**  | **No**  |
| Will the student whilst on placement be working with just one adult for more than 3 days?   |   |   |
| Will the member of staff working with the student be unsupervised?  |   |   |

**Section 4:**  To be completed by **Parent/Guardian**

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| * I confirm that I have agreed to my daughter participating in this placement and will be responsible for her actions whilst on placement.
* I have satisfied myself that the placement is a safe environment for my daughter to undertake work experience.
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| **Signed:**  | **Name:**  | **Date:**  |

**Section 5:**  To be completed by **Student**

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| * I confirm that I have agreed to participate in this placement and will be responsible for my actions whilst on placement.
* I have satisfied myself that the placement is a safe environment for me to undertake work experience.
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| **Signed:**  | **Name:**  | **Date:**  |