



SIR WILLIAM RAMSAY SCHOOL

WORK EXPERIENCE APPLICATION FORM 2017 (student sourced placement)

Make sure you write clearly and neatly. All sections **MUST** be completed fully before work placement can proceed.

**Completed form must be returned to Mrs Carro
by Thursday, 15 June 2017**

Date of Placement: Monday 17 July to Friday 21 July 2017

Section A: STUDENT'S DETAILS

First Name: _____ Surname: _____ Tutor Group: _____

Date of Birth: _____ Age on 17 July 2017: _____

Home Address: _____

Postcode: _____ Telephone (Home) _____

Parent/Carer Name: _____ Mobile No: _____

Subjects currently studying: _____

Section B: To be completed by the Placement/ Company/ Organisation

(Notes for Employers letter should be read prior to complete the form)

Company Name: _____

Placement Address _____

_____ Post Code: _____

Telephone: _____ Fax: _____

Email address: _____

Nature of Business: _____

I am prepared to offer work experience to this student from 17 July to 21 July 2017.

Type of work experience offered: _____

Section B: (continued)

I confirm that the following are in place where the named student will be attending the placement and that they will cover the student's liability as described on the Notes for Employers:

- Employers' and Public Liability Insurance (cover of at least £2 million)
- A written Health & Safety Policy
- An appropriate risk assessment for inexperienced workers on site, including safe areas in which the student will work
- A planned Health & Safety Induction Programme for the student's first day and that no significant Health & Safety incidents have been recorded in the last 18 months

I confirm that I have read the 'Notes for Employers' prior to completing the form and attached copies of the relevant insurances and policies.

Signed: _____ and title: _____
Position: _____ Direct Tel No: _____
Email: _____ Alternative Contact details: _____

Section C: Student / Parent / Carer Agreement

Student:

I agree to take part in Work Experience and to treat, in confidence, any information I may obtain about the employer's business. I agree to obey all safety, security and other instructions given to me by the employer's representatives or in any displayed instructions, and to behave in a mature and sensible manner and dress appropriately at all times.

Student's signature: _____ Date: _____
Print name: _____

Parent/carers:

I agree to my Son/Daughter taking part in Work Experience placement detailed above.

I confirm that all details in section B of the form have been completed fully and correctly.

During the placement in the event of his/her absence due to sickness or other unavoidable cause I will ensure that he/she notifies the employer and the School immediately.

Parent/carers' Signature: _____ Date: _____
Print name: _____

Section D: School sign off

Form checked by member of staff/comments _____

Signed: _____ Name: _____ Date: _____