

# Blessed George Napier Catholic School and Sixth Form

A Youth Sport Trust Lead School for Inclusion



This form must be completed neatly and signed by your parent/guardian and the employer offering your placement. Once it has been completed, please return it to Mrs Peel by 3<sup>rd</sup> June 2019.

<b>School Name</b>	Blessed George Napier R.C. School	<b>Work Experience dates</b>	Monday 1 <sup>st</sup> July to Friday 5 <sup>th</sup> July 2019
<b>Work Experience co-ordinator Name</b>	Mrs Margaret Ellul Mrs Elizabeth Harris	<b>School Tel. No.</b>	01295 264216

<b>Student Name</b>		<b>Tutor group</b>	
<b>Date of Birth</b>		<b>Male/Female</b>	
<b>Home Address</b>		<b>Home Tel. No.</b>	
		<b>Mobile No.</b>	
<b>Post Code</b>		<b>Email address</b>	
<b>Emergency Contact name</b>		<b>Emergency Tel. No.</b>	
<b>Relationship to student</b>			

**PARENT/GUARDIAN- please complete this section**

Please indicate below any medical condition/s and/or special needs your son/daughter has which a placement provider should be aware of in order to carry out a suitable and sufficient risk assessment.

Eg: Asthma, allergies, hay fever, colour blindness, epilepsy, diabetes, eczema, phobias, learning difficulties.

Failure to notify us of any condition could put a student at risk.

**PARENT/GUARDIAN AGREEMENT: to be signed by Parent /Guardian**

I agree to my son/daughter undertaking work experience at the employer outlined over. I have provided relevant medical information above.

I understand that it is my responsibility to ensure the safety of my son/daughter whilst travelling to and from the placement. I understand I must inform the employer and school if my son or daughter is absent during the work placement.

I understand that it is my responsibility to confirm that the placement has undertaken a Risk Assessment and has Public Liability Insurance and to monitor the safety of my son/daughter during the placement.

I understand that costs involved in this placement are met at my expense.

<b>Parent/Guardian name</b>		<b>Date</b>	
<b>Parent/Guardian signature</b>			

**STUDENT AGREEMENT: to be signed by student**

I understand that I must observe all health, safety, security and other rules laid down by the employer and made known to me verbally, in writing, or by displayed instructions. I must also hold in confidence any information about the employer's business that I may obtain during the placement and not to disclose such information to any other person without the employer's permission.

<b>Student Signature</b>		<b>Date</b>	
--------------------------	--	-------------	--

## WORK EXPERIENCE PLACEMENT INFORMATION

To be completed by Employer:

<b>Name of organisation offering placement</b>			
<b>Address</b>		<b>Name of contact</b>	
<b>Post Code</b>		<b>Contact job title</b>	
<b>Telephone No.</b>		<b>Email address</b>	
<b>Placement job title and/or description</b>			

### EMPLOYER AGREEMENT – to be signed by, or on behalf, of employer

I confirm I have appropriate Employer Liability Insurance to cover work experience students in place for the placement duration (and have notified my brokers if necessary).

I am aware of the requirement for employers to complete a suitable and sufficient Risk Assessment and to provide information to a parent/guardian for a young person in accordance with the Management of Health and Safety at Work Regulations 1999 (as amended).

I will undertake to provide induction training, including health and safety and emergency arrangements as required.

I will notify the school in the event of early termination of placement, injury to the student or any other difficulties regarding the student.

<b>Employer signature</b>		<b>Date</b>	
<b>Employer Name</b>		<b>Employer job title</b>	

Please return to Mrs Peel by 3<sup>rd</sup> June 2019.