

WORK EXPERIENCE - SELF PLACEMENT FORM

*****Student/parent - School will not accept this form without a copy of the relevant insurance(s)
THE DEADLINE FOR SUBMISSION TO SCHOOL IS (September 23rd 2016)*******

Employer Name & Placement Address

Student Name & Address

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Postcode.....

DOB:

Name of Contact

School/College:

Employer Telephone No.

St Augustine's RC High School

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Dates of Work Experience:

Mobile No.....

16th – 27th January 2017

Work Experience Job Title

Brief Description of Duties

I confirm that:

- We will take all possible care of the student's health and safety, recognising his/her inexperience, immaturity and lack of awareness of risks.
- We will ensure that the student performs meaningful work as previously agreed in the job description.
- We will not discriminate on the grounds of gender, race, disability, religion, age or sexual orientation.
- We will inform the school or immediately, should we for any reason have to send the student home.
- We understand that if we have not had a placement visit in the last 6 months by a representative of a visit may be necessary prior to the student taking up the placement
- We have Employers & Public Liability Insurance and will inform our Insurance Co. We have accepted the above named student for Work Experience. (See attached copy of my employer's liability insurance)*****

******* PLEASE ATTACH A COPY OF YOUR EMPLOYER'S LIABILITY INSURANCE CERTIFICATE TO THIS FORM – SHOULD THE STUDENT BE TRAVELLING IN A MOTOR VEHICLE PLEASE CAN YOU ALSO ATTACHED A COPY OF THE RELEVANT MOTOR VEHICLE INSURANCE CERTIFICATE***** Please note that the student cannot join you without this information**

Signed **Date** / / **Position in Company**