

WORK EXPERIENCE SELF-PLACEMENT FORM

**Student/Parent/Carer - School will not accept this form without a copy of the relevant insurance(s)
FORMS MUST BE RETURNED TO SCHOOL BY 17th JANUARY 2020**

Employer Name & Placement Address

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Student Name

.....

Form.....

Postcode.....

Name of Contact

.....

School/College:

St. Augustine's RC High School

Telephone

Dates of Work Experience:

22nd – 26th June 2020

Mobile

Email

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 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 EBP(NW) Ltd a visit may be necessary prior to the student taking up the placement.
- We have Employer & Public Liability Insurance and will inform our insurance company that we have accepted the above named student for Work Experience. (See attached copy of our Employer Liability Insurance)

PLEASE ATTACH A COPY OF YOUR EMPLOYER LIABILITY INSURANCE CERTIFICATE TO THIS FORM. SHOULD THE STUDENT BE TRAVELLING IN A MOTOR VEHICLE PLEASE ALSO ATTACH 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