



School Contact: Mrs N Chapman

Tel: 01246 863127

Student to fill in:

Student Name (print):	Date of Birth:	Form:
I the above named student agree:		
To take part in this work experience scheme, to hold in confidence any information about the employer's business which I may obtain during this work period and not to disclose such information to another person without the employer's permission.		
Student signature:		Date:

Parent/Carer to fill in:

I the Parent/Carer of the above name student confirm:
That I have read and understood this form and other accompanying documents and I agree to them taking part in this scheme and I undertake that they will observe the conditions set out.
I confirm that either:
a) They do not suffer from any medical condition which could result in an unnecessary risk to their health or safety or to the safety of another person.
b) They suffer from any medical condition which I have detailed overleaf that should be advised to the employer.
(Please delete either a) or b), if in doubt then please contact school before signing).
Parent/Carer Name (print):
Parent/Carer signature: Date:

Employer to fill in:

Name of Organisation:
.....
Address:
Contact Name: Contact email:
Start Date: End Date:
Days of Work: Hours of Work:
WEX Job title:
As the employer and/or a representative of the employer I agree to the student named above working on the above premises in accordance with the Letter of Understanding and acknowledge my responsibilities under the Health and Safety at Work Act.
Do you have Employers' Liability Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, are you willing to obtain Employers Liability Insurance for this period? Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Name (print):
Contact signature: Date: