



Bowland High Year 10 Work Experience Programme 4th – 8th July 2022 PLACEMENT FORM

Pupil Name	Form:	
Employer Name:	Contact:	Workplace Address:
Telephone:	Mobile:	Email:

Type of work carried out at workplace location:

Health & Safety Contact Name:

To your knowledge, have any members of staff been disqualified from working with children?

Yes / No

Work Experience Job Title:

Key Skills and Tasks:

Pupils times of work:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
AM							
PM							

Meal Arrangements

Lunch Break:

Other breaks

Dress Code:

Personal Protective Equipment: (PPE) (please list below)

To be provided by: (employer)

I confirm that:

- We will take all possible care of the pupil's health and safety, recognising his/her inexperience, immaturity and lack of awareness of risks.
- We will ensure that the pupil performs meaningful work as 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 need to send the pupil home.
- We understand that contact details may be held by Bowland High School and shared with pupils and parents of the school. Employers can opt out by informing the school at any time.
- We have Employer's and Public Liability Insurance and will inform our insurance company that we have accepted the above-named pupil for work experience.
- We adhere to current Covid-19 legislation and government guidance (if applicable at the date of work experience)

******* Please attach a copy of your EMPLOYERS' LIABILITY INSURANCE certificate to this form. Should the pupil be travelling in a motor vehicle, please also attach a copy of the relevant MOTOR VEHICLE INSURANCE certificate. If a YOUNG PERSON'S RISK ASSESSMENT has been completed for your workplace, please include a copy *******

Signed:

Position in company:

Date:

Parent / Guardian's undertaking:

I agree that the above pupil may take part in the work experience programme and I have seen the placement description. I know and understand the current Covid-19 guidelines (if applicable at the date of work experience) and will ensure the above pupil is fully aware of these.

Signed:

Date:

Pupil's undertaking:

I agree that I will take part in the school work experience programme. I will contact both the school and the employer if for any reason I will be unable to attend the placement. I know and understand the current Covid-19 guidelines and will adhere to these. (If applicable at the date of work experience)

Signed:

Date: