

WORK EXPERIENCE AGREEMENT FORM 2024

This form must be completed and returned to Mrs Elmore in the Careers Office or via email at helmore@chorustrust.org. We recommend the employer and the student and/or parent retains a copy for their records. It is essential that the school are informed so that the required health & safety and insurance checks can be carried out by the Careers and Employability Manager.

Pupil Name:

	Form
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TO BE COMPLETED BY THE EMPLOYER

Business/Organisation
name:

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Address:

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Contact name & Position:

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Phone: preferably mobile
& landline (required):

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Email (required):

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Nature of business:

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Brief description of work
experience job role

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Any dress code?

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The student will take part in work experience during the following period

One week only	Monday 1 July – Friday 5 July 2024
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Working hours

From: Until:

Breaks:

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EMPLOYERS LIABILITY (COMPULSORY) INSURANCE:

As a representative of the above employer, I agree to the student named above working on my premises and acknowledge my responsibilities under the Health and Safety at Work Act. The student's age and inexperience will be taken into account when agreeing tasks, and I understand that the student must not undertake prohibited activities.

PTO

I also sign to confirm that:

- I have employers' and public liability insurance (ELI & PLI)
- I have checked the student is covered by this insurance.
- I am willing to produce this certificate for a H&S visitor if necessary.
- I agree to a health & safety check if needed.

ELI Policy Number:		ELI Expiry Date:	
Signed:		Position:	
Name (Printed):		Date:	

WORK EXPERIENCE CONSENT (TO BE COMPLETED BY THE PARENT/CARER)

Does your child suffer from: Migraines Yes/No Epilepsy Yes/No Diabetes Yes/No Asthma Yes/No

Hearing problems Yes/No Mobility problems Yes/No Allergies Yes/No _____

Any other medical ailment or illness: _____

Please ensure your child has any medications with them for the duration of their work experience placement if they are necessary i.e. EpiPen/asthma inhaler

PARENTAL EMERGENCY CONTACT INFORMATION:

Parental Contact(s) during work experience	Name(s)
Emergency contact number(s)/email address(es)	

PARENTAL DECLARATION:

As the parent/carers, I agree for my child to take part in Work Experience. I understand that as the parent/carers, it is my duty to supply any relevant medical/health issues or special educational needs to my child's school and the Employer which could affect my child's safety whilst on placement.

By signing this form, I agree with all the information given in the health declaration.

Parent Signature: _____ Date: _____

Print Name: _____