



WORK EXPERIENCE SELF PLACEMENT FORM



For Boys and Girls
aged 4 to 18 years

Please complete the details of your self placement BELOW

Name: _____

TO BE COMPLETED BY STUDENTS

School: Merchant Taylors' School

Contact: Mrs Mee

Work Exp Dates: _____

Name of Employing Company: _____

Address of Company: _____

Tel No: _____

Name of Contact: _____

Relationship to Student: _____

Type of work to be undertaken by the student: _____

TO BE COMPLETED BY THE EMPLOYER

- As the provider of the placement I understand that the student once commencing work experience will be treated like every other employee
- I understand that this means I will fully discharge my legal duties in managing the health and safety of the student
- I have the necessary insurance cover for the student whilst they are with us on work experience

The company currently holds Employers Liability Insurance

Insurers Name: _____

Policy Number: _____ Valid until: _____

Signed: _____

Print: _____ Date: _____

Please turn over

STUDENT DETAILS

First Name: _____ Surname: _____

Address: _____

Postcode: _____

Tel No: _____

Form Group: _____

STUDENT AGREEMENT

I have read all the information regarding my work experience placement and agree to:

- Take part in the work experience as described
- Adhere to all safety, security and other regulations laid down by the employer, either through instructions and training or displayed
- Take reasonable care for my own Health and Safety and Welfare and anyone else who may be affected by my actions or omissions
- Hold in confidence any information about the employers business which I may obtain during my work experience and not disclose any of this information to another person without the employer's permission
- Inform both the school and employer if I cannot attend my work experience and the reason for my non attendance

Student Signature: _____ Date: _____

PARENT AGREEMENT

As parent/guardian of the student named above, I confirm that I have read and understood this form, and agree to my son/ daughter taking part in this scheme and that they will observe the conditions set out.

1. He/ she does not suffer from any medical condition which could result in an unnecessary risk to his health or safety or the health or safety of another person. (should you be in any doubt, please consult the teacher responsible before signing this form).
2. He / she does suffer from the following medical condition which should be advised to the Employer:

* *please delete as appropriate*

Parent/ Guardian Signed: _____ Date: _____