



The Bishop's Stortford High School
Work Experience Private Placement Request Form
24-28 June 2019

SECTION 1: Student information

Student Name: DOB: Reg Group:

SECTION 2: Employer information

Company/Organisation: Contact:

Company Address: Position:

..... Tel:

Postcode: Email:

Will the work experience placement be at the above address? YES NO

If no, what is the placement address?

Placement Address:

.....

Postcode:

Work Experience Job Title:

Work Experience Activities:

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- Under health and safety law, work experience students are your employees, you treat them no differently to other young people you employ.
- **INSURANCE**—Your existing employers' liability insurance should cover work placements provided your insurer is a member of the Association of British Insurers or Lloyds, so there is no need for you to obtain any additional employer's liability insurance if you take on work experience students

Employers Liability Insurance Provider:

Policy Number: Expiry Date:

Public Liability Insurance Provider:

Policy Number: Expiry Date:

Do you have written Health & Safety Policy and arrangements? YES NO

Do you have written risk assessments? YES NO

SECTION 3: This section must be completed / authorised by a company manager or supervisor

I confirm the work experience placement offer for the above dates and understand that as placement provider (employer) we will have primary responsibility for the health and safety of the student and should be managing any significant risks

Company Name:

SIGNED: Date:

Print Name: Contact Position: