

Risk control measures (e.g. protective clothing must be worn, students will be shown how to lift correctly etc)

Prohibitions (e.g. student will not use guillotines, students must not enter areas designated off limits etc)

Have you provided work experience placements before? YES / NO
If YES who was the organising body? (e.g. EBS, my-work-experience.com etc)

As representative of the employer I agree to the student named above working on our premises, and to abide by all legislation relating to Equal Opportunities, Health and Safety and Child Protection. I will arrange for my Employer's Liability Insurance to provide cover against accident and injury caused to the student by negligence of the employer or another employee and will accept or insure myself against liability for loss, damage or injury caused by the student in the same way as for other paid employees. My company/organisation has prepared a Risk Assessment and a safe system of work which covers all the tasks we expect this student to undertake. I confirm that the current Job Description is correct.

Employer signature _____ **Date** _____

Name _____

STUDENT

As the student named I agree to take part in this work experience programme. I also agree 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 any other person without the Employer's permission. I also agree to observe all safety, security and other regulations laid down by the Employer and made known to me either by the Employer's representative or by the displayed instructions. I will pass on to my parent or carer any information, given to me by my employer, which may affect my personal health, safety or welfare.

Student signature _____ **Date** _____

PARENT / CARER with legal responsibility for the student

As parent / carer of the student named above I confirm that I have read and understood this form, and the Job Description and Health and Safety Statement. I agree to his/her taking part in this Programme and undertake that he/she will observe the conditions set out above. I confirm that he/she does not suffer from any medical condition which could result in unnecessary risk to his/her health or safety or to the safety of another person. (Should you be in any doubt please consult the teacher responsible before signing this form).

Signature of Parent / Carer _____ **Date** _____

Name _____

TEACHER

As the teacher responsible for Work Experience I hereby give my approval for this work experience placement to go ahead.

Teacher signature _____ **Date** _____

OFFICE USE

Checked	Business Class	Occupational Risk	L	M	H
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