

Self-Generated Placement Insurance Form for Work Experience

Thorpe St Andrew School and Sixth Form



Please complete and return this form as soon as possible to:

Miss K Emmerson – Pathways Guidance Coordinator
Thorpe St Andrew School and Sixth Form
Laundry Lane, Norwich, NR7 0XS



It may also be scanned and emailed to kemmerson9nrd@yare-edu.org.uk

Student Name:	Form Group:
Student School Email Address:	
Dates of Work Experience	
From:	To:

Health Declaration

In order to ensure that there are no unnecessary risks to the Health & Safety of this student or the Health & Safety of another person, please indicate below any medical condition the student is suffering from which the employer should be made aware of (eg: asthma):

To the Student:

As the student named above, I agree to take part in this Work experience Scheme. 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 another person without the employer's permission. I agree to observe all safety, security and other regulations laid down by the employer and made known to me either by the employer's representatives or by displayed instructions. I also agree to inform the employer and Miss Emmerson in school, should my Work Experience plans change.

Student Signature: _____ Date: _____

To the Parent/Guardian:

As the parent/guardian of the student named above, I confirm that I have read and understood this form and agree to his/her taking part in the scheme and understand that he/she will observe the conditions set out. I confirm that the information on this form can be passed to the placement provider [and I am happy to pay for any costs (subject to discussion*) for Health and Safety checks to be carried out for placements outside of Norfolk and Suffolk.]

Parent/Guardian Name: _____

Signature: _____ Date: _____

*Thorpe St Andrew School and Sixth Form works with WEX Norfolk to complete Health and Safety documentation for placements in Norfolk and Suffolk, and with other local authorities for placements beyond the two counties. Students should contact Miss Emmerson should they be interested in a placement outside of Norfolk and Suffolk, so that enquiries can be made as to the cost of undertaking Health and Safety Checks. Charges do vary.

To be completed by the Employer

Thank you for agreeing to take the student named overleaf on Work Experience. We would be grateful if you could complete the following before signing the form below.

Employer name:	
Employer contact:	
Placement address:	
Postcode:	
Email address:	
Telephone/Fax:	
Mobile:	
Placement title:	
Duties to be carried out by student: 	
Working days/times:	
Meal breaks:	
Appropriate clothing:	

Employer's Liability Insurance (ELI) Details	
Insurance company:	
Policy No:	Expiry Date:

Please note:

- Without Employer's Liability Insurance (ELI) we cannot authorise the placement. Public Liability Insurance alone will not suffice. **Please provide a copy of your ELI certificate.**
- Notify your insurance company before agreeing to a placement to avoid cancellation of the placement at a later date and inconvenience for everyone involved. Information can be found on **www.hse.gov.uk**
- Make a note of the dates on which the student is due to undertake Work Experience

Please return this form to the school together with a copy of your ELI certificate to confirm that you are agreeing to provide a placement to the named student and may be contacted with regard to a health and safety check.