



Dear employer,

As the host company for my son/daughter, I would be most grateful if you would complete the following form to help me gain an understanding of your health and safety practices. Your responses will help me assess the suitability of this work experience placement for the student named below.

YEAR 10 WORK EXPERIENCE PLACEMENT	
Today's date	
Date of placement (to be filled by parent)	
STUDENT INFORMATION (to be filled by parent)	
Name of Student	
DoB	
Tutor group	
EMPLOYER INFORMATION	
Name of Company	
Name of Contact	
Address	
Telephone number	
Email address	
COMPANY INFORMATION	
Type of business	
Number of employees	
Will the student be provided with an induction, including Health and Safety information, on the first morning of placement?	
Do you provide the following facilities?	Toilets
	Area for breaks
	Washing facilities
	First Aid
Please indicate what activities the student will be performing	

Who will be responsible for the supervision and welfare of the student	
INSURANCE – DETAILS OF EMPLOYERS’ LIABILITY INSURANCE	
Name of insurer	
Policy No	
Expiry Date	

Please include a copy of your Employers’ Liability Insurance.

Thank you for taking the time to complete this form. Please return to:

Name of parent:

Email:

Post: