This section of the form should be **completed and signed by the employer** to provide details of the work experience placement.

|  |  |
| --- | --- |
| Student Name: |  |
| Tutor group: |  |
| **DETAILS OF WORK PLACEMENT** |
| Type of work being offered: |  |
| Name of business: |  |
| Name of contact person: |  |
| Contact’s job title: |  |
| Address of business: |  |
|  |  |
| Town: |  |
| Postcode: |  |
| Business telephone number: |  |
| Contact Email: |  |

Please help us to understand what types of health and safety risks may be present that need to be drawn to the attention of placed students and their parents.

 There are no significant risks associated with the placement being offered

 ***or***

 Students will be told of all significant risks and the control measures to be followed at a pre-placement meeting

 ***or***

 Students need to be advised of the following risks and procedures



|  |  |
| --- | --- |
| Significant risks | Control measures to be followed |
|  |  |
|  |  |

|  |
| --- |
| In signing this document we confirm that this placement holds Public Liability and Employer’s Liability insurances |
| Signed by placement representative: |  |

This section of the form should be **completed and signed by the student’s parent/guardian**.

|  |  |
| --- | --- |
| Student Name: |  |
| Tutor group: |  |

I give permission for my child to take part in the Teignmouth Community School work experience programme. Please complete the following health questionnaire.

Does your child have a health problem in any of the following areas which would affect their ability to carry out their work experience placement?

Restrictions for normal physical activities or games

Skin allergies, eczema or other allergies

Bronchitis, asthma or chest complaints

Hearing problems

Heart disease that affects ability to do physical tasks

Diabetes

Fits or fainting attacks

Colour defect or other visual problems (Spectacles are not classified as a defect or problem)

Learning disability that may cause them to not understand instructions

Any other health problem

*If you have ticked any of the above boxes, please give details here:*

There are no health reasons affecting my child’s ability to take a placement

|  |
| --- |
| **Confirmation that this placement has the approval of the parents and all the information provided is correct.** |
| Signed by student’s parent: |  |
| Emergency contact details while student is on placement: | Name:Mobile Number: |