



WORK EXPERIENCE DETAILS

Parents Page

Student name: Form:

Home tel: School tel:

School Contact:

School:

Tel. No.:

Students age on first day of work experience: yrs mths

How did you find the placement? Is this through a friend, relative, neighbour, did you write a letter, telephone or visit the employer?

Parental recommendation:

Why are you recommending this placement? How long have you known them? We need all the assurances you can give us and good reasons why you think your son / daughter will be safe and well looked after.

Parents' name:

Tel:

Email:

Please return this form to:



WORK EXPERIENCE DETAILS

If you wish to suggest a placement that you know of for your work experience you will need to have this form completed by the employer and your parent. All sections must be completed clearly, so please print.

Employer's Page – Thank you very much for offering to host a student on work experience. We will try to keep the administration to a minimum and are hoping that most of this exchange of information will be electronic with minimum destruction of rain forests.

Organisation name:	<input type="text"/>		
Department:	<input type="text"/>	Approx no. of employees:	<input type="text"/> Male <input type="text"/> Female
Address:	<input type="text"/>		
Name of contact:	<input type="text"/>	Position:	<input type="text"/>
Tel:	<input type="text"/>	Fax:	<input type="text"/>
		E-mail:	<input type="text"/>

Please complete the box below if you have taken work experience students before giving details of the school(s) or Local Authority who arranged it:

Organisation name:	Tel:
	Fax:
Contact name:	E-mail:
The year you first stated taking work experience students:	Number of students you have taken:

The Right Start is the Health & Safety Executives short introduction to the employer's responsibilities. You can access it at: <http://www.hse.gov.uk/pubns/indg364.pdf> . Can you please confirm by putting at **Y (for YES)** in the box to indicate that you have read it and made a copy available to anyone who will be supervising the student while they are with you.

Any special dress code:

Employers Liability (Compulsory) Insurance:

Name of Insurer:

Policy No:

Please ensure you attach a photocopy or a scan of your current ELI policy certificate