

**SIXTH FORM WORK EXPERIENCE**

(To be completed when a Work Experience placement is arranged by a student or parent)

STUDENT'S NAME: _____ TUTOR: _____ HOUSE: _____

Work Experience Dates: _____

Name of Employer: _____ Contact in company: _____

Address of Employer: _____ Contact's position: _____

Telephone number: _____

Email address: _____

Post code: _____

Main business of company/organisation: _____

Work Experience Job Title: _____

What do you hope to gain from this Work Experience placement?: (please give at least 3 objectives)

Does the Employer have EMPLOYERS' LIABILITY COMPULSORY INSURANCE? (please circle)

YES

NO

Employers' Liability Compulsory Insurance

As part of the government's Red Tape Challenge, ministers have written to employers confirming that the insurance industry has committed to treat work experience students as employees so that they will be covered by existing Employers' Liability Compulsory Insurance policies. If an employer has Employers' Liability Compulsory Insurance cover already, they do not need to buy additional cover.

Providers can download the letter from the Department's website.

Does the Employer have: (please circle)

(a) A written Health and Safety Policy and arrangements? YES NO

(b) A written Risk Assessments? YES NO

Is the Employer a "One-person business"? YES NO

We confirm that the above details are correct. We understand that this is a private arrangement and are aware that it is our responsibility to ensure that the appropriate safeguards and insurance are in place.

SIGNED: _____ (Student) DATE: _____

SIGNED: _____ (Parent/Guardian) DATE: _____

This completed form must be returned to the Director of Sixth Form no later than Friday, 18th June 2021.