



ST MARY'S CATHOLIC SCHOOL

SIXTH FORM WORK EXPERIENCE EMPLOYER CONSENT FORM

STUDENT INFORMATION	
STUDENT NAME: Student Form.....	
EMPLOYER INFORMATION	
COMPANY NAME:	
PLACEMENT ADDRESS:	
PLACEMENT AUTHORISED BY; NAME	POSITION IN COMPANY
EMAIL:	TELEPHONE:
WEBSITE	
SUPERVISOR OF STUDENT:	POSITION IN COMPANY
CONTACT NUMBER :	
WORK EXPERIENCE JOB TITLE:	
BRIEF DESCRIPTION OF STUDENT ACTIVITIES :	
Please state if the duties are; low /medium / high risk (please circle) Low-risk environment, such as an office or shop, with everyday risks that will mostly be familiar to the student. Medium risk environments with less familiar risks (eg in light assembly or packing facilities), higher-risk environment such as construction, agriculture and manufacturing.	
DAYS OF WORK	2nd JULY 2018 – 6th JULY 2018 WORKING HOURS:
DRESS CODE:	
LUNCH ARRANGEMENTS / BREAKS:	
FOR AN EXTENDED WORK EXPERIENCE PLACEMENT:	
Does the person responsible for the student agree to complete a DBS check if required by the school? YES / NO	

THIS SECTION MUST BE COMPETED BEFORE HANDING BACK TO YOUR SCHOOL

INSURANCE—Employers Liability insurance and Public liability insurance cover are legal requirements for Work Experience.	
EMPLOYERS LIABILITY INSURANCE:	
Insurance Provider:	Policy Number: Expiry Date:/...../.....
PUBLIC LIABILITY INSURANCE:	
Insurance Provider:	Policy Number: Expiry Date:/...../.....

<i>Office use only</i>	
Date Form Received	parental consent? Y/N
Risk Assessment issues raised;	Date authorised