

SELF-GENERATED PLACEMENT INSURANCE FORM

Work Experience: Thorpe St Andrew School

This form should be given to Employers once you have been accepted. Employers should complete and return the form, by Friday 2nd July 2010, to:

Lynda DeSousa, Work Experience Co-ordinator,
Thorpe St Andrew School, Laundry Lane, NORWICH. NR7 OXS

It can also be faxed to Lynda DeSousa on **01603 497723**. Please note that Thorpe St Andrew School does not use the Exchange to complete Health and Safety documentation.

TO BE COMPLETED BY STUDENT:

Student's Name:

Form Group:

Date of Birth:

TO BE COMPLETED BY EMPLOYER:

Date of Work Experience: Monday 11th October - Friday 22nd October 2010 (10 days)

Company /Organisation Name:

Address:

Telephone No:

Email Address:

Name of Contact:

Position Held:

Placement Requested:

I confirm that my company has both Public and Employer Liability Insurance, which cover students on Work Experience/Work Related Learning. *

Name:
(Block Capitals)

Signature:

Position:

Name of Employer/Company:

Date:

As Employer Liability Insurance is essential, so could you please complete the details below:

Name of Employer Liability Insurance Company:

Certificate No.:

Expiry Date:

*Please note that both insurances must be in place before Work Experience can take place. Employers who have not previously provided Work Experience placements through Connexions Norfolk or The Exchange **must agree to a visit prior to the placement, to ensure that their Health & Safety provision is in line with appropriate legislation** - Health & Safety (Young Persons) Regulations 1999, Education (Work Experience) Act 1973/1996, amended by the School Standards & Framework Act 1998. You may be contacted by our Health and Safety Officer in order to complete this Risk Assessment.