

SELF-GENERATED PLACEMENT INSURANCE FORM

Year 11 Work Experience: Thorpe St Andrew School

This form should be given to Employers once they have accepted you and offered you a placement.

We ask for Employers to complete and return the form, as soon as possible, to:

Claire Hollidge, Work Experience Admin Co-ordinator
Thorpe St Andrew School, Laundry Lane, NORWICH. NR7 OXS
It can also be faxed to Claire Hollidge on 01603 497723.

Please note that Thorpe St Andrew School does not use Connexions nor the Norfolk Exchange regarding Work Shadowing. We employ our own Health and Safety Consultant to complete Health and Safety documentation.

TO BE COMPLETED BY THE STUDENT:

(BLOCK CAPITALS, please)

Student's name:

Form:

Date of Birth:

TO BE COMPLETED BY THE EMPLOYER:

(BLOCK CAPITALS, please)

Dates of Work Experience:

Company / Organisation Name:

Address:

Telephone No.:

Email Address:

Name of Contact:

Position Held:

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

Name:

Signature:

Date:

As Public and Employer Liability Insurance are essential*, could we ask Employers to complete the details below:

Name of Public and 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 our Work Experience placements and therefore had a check carried out by our own Health and Safety Consultant 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 Consultant in order to complete a Risk Assessment