



Year 10 Work Experience Health & Safety Form 2023-2024

EMPLOYERS APPROVAL SECTION



Student Details					
Student Name:				Tutor Group:	
Employer Details					
Company Name:					
Main Contact Name: (Please print full name clearly)				Main Contact Email:	
Business Address:				Telephone Number:	
Postcode:					
Student's Job Title and brief Description of Duties (Essential) Alternatively, please attach full job description to this form.					
Days & Hours of Work (Please indicate working hours for each day e.g., 9am-4pm) minimum 6 hours a day					
MON 24 th June 2024	TUES 25 th June 2024	WEDS 26 th June 2024	THURS 27 th June 2024	FRI 28 th June 2024	
From: ____ to ____	From: ____ to ____	From: ____ to ____	From: ____ to ____	From: ____ to ____	
SAT / SUN (ONLY BY SPECIAL AGREEMENT)					
Employer Health and Safety Checklist (please circle YES or NO as applicable)					
Is there a written health and safety policy statement? (5 or more employees)			YES	NO	
Will there be an induction process for the student?			YES	NO	
Are there first aid facilities?			YES	NO	
Are the RIDDOR regulations complied with? (Accident Book, Reporting serious accidents & Illness etc)			YES	NO	
Are there Fire/Emergency/Evacuation procedures?			YES	NO	
Do you take account of legislation relative to young person in your industry?			YES	NO	
Are there nominated supervisors?			YES	NO	
Does supervisor hold a current DBS? (if yes, please provide evidence)			YES	NO	
Is your business registered with the local authority/HSE			YES	NO	
Employer Insurance (please circle YES or NO as applicable)					
Park High School provides students with basic limited personal accident insurance through Zurich Insurance. However, you need to notify your insurance company that you are taking a student and secure their confirmation that the student will be treated in the same way as employees under the employer's liability (compulsory insurance) Act 1969 and the employer's (Defective Equipment) Act 1969.					
Do you have employer liability insurance?			YES	NO	
*Are you a London Borough of Harrow establishment?	YES	NO	*Or a Local Authority establishment Crown exempt organisation (e.g., Government department)?	YES	NO
Employer Declaration (Essential)					
<p>I will ensure that:</p> <ul style="list-style-type: none"> All Student details will be removed from our system once work experience is completed and not shared with a third party. The student has adequate supervision and training and will take part in meaningful work and will be provided with any necessary protective clothing or equipment. Do not operate, clean, or handle hazardous machinery; work in a hazardous environment or carry out work of an unsuitable or objectionable nature. I have notified my insurance company that I am taking a work experience student who is under 16 years old, and they have given the confirmation described above. I will notify the school if the student is ill, has an accident, does not turn up or of any concern regarding conduct. 					
Print Name:				Date:	
Signature:					

STUDENT AND PARENT/CARER SECTION

(once the Employer has fully completed all sections overleaf)

Student Details			
Student Name:		Tutor Group:	
Address:			
Postcode:		Student Mobile Number:	
Student Declaration			
<ul style="list-style-type: none"> • I accept the work experience placement as detailed overleaf. • I will follow safety, security and other reasonable instructions given by the employer and will be punctual. • I promise not to reveal any confidential information gained during this placement. 			
Student Signature:		Date:	

Parent / Carer Details		
Parent / Carer Name:		
Parent / Carer Emergency Telephone Number:		
Parent / Carer Declaration		
<ul style="list-style-type: none"> • I agree to my son / daughter participating in the work experience detailed on this form and to the conditions in the student's acceptance above. • I know of no medical reason why my son / daughter should not take part in this work experience. • My son / daughter has the following medical condition(s) of which the employer should be aware. Medical Condition(s): _____ 		
<ul style="list-style-type: none"> • I give permission for the employer to give my son / daughter any necessary medical treatment. • I give permission for this form to be shared with the employer for purposes of emergency contact details. 		
Parent Signature:		Date:

IMPORTANT NOTICE

This placement will only be confirmed when both sides of this form have been fully completed, signed, and returned to:

***Mrs R Patel, Work Experience Administrator,
Park High School, Thistlecroft Gardens, Stanmore HA7 1PL.
Tel: 020 8952 2803 ext215***

***For any other queries please contact Mrs D Foster, Careers & Employability Coordinator
workexperience@parkhighstanmore.org.uk***