**ST BERNARD’S HIGH SCHOOL**

**WORK SHADOWING DAY PLACEMENT FORM YEAR 10**

**Monday 15th July 2024**

Please complete **ALL** sections then return to Mrs L Phillips by email - (lph@stbernards.southend.sch.uk). Deadline - Thursday 23rd May 2024.

Section 1: To be completed by the student in **CAPITALS** and **BLACK INK**

|  |  |
| --- | --- |
| **Student’s Name:**  | **Form:**  |

**Section 2:**  To be completed by the **employer** in **CAPITALS** and **BLACK INK**

|  |
| --- |
| **Company Name:**  |
| **Business:**  | **Contact Name:**  |
| **Address:**  |
| **Tel:**  | **Email:**  |
| **Name of person to be shadowed/role:** |
| **Activities:** **Dress Code:** |

**Section 3:**  To be completed by the **EMPLOYER/COMPANY** providing Work Shadowing

|  |
| --- |
| **Employer Liability and Public Liability Insurance** are **legal** requirements for Work Experience. We regret we are unable to take up offers of Work Experience from companies without such cover.  |
| Do you have **Employer Liability** insurance?  | **Yes:**  | **No:**  |
| Name of your **Employer Liability** insurance provider:  |   |
| **Cover: £**  | **Policy No:**  | **Expiry Date:**  |
| **Public Liability** insurance?  | **YES / NO**  | Health and Safety Policy?  | **YES / NO**  |
| Written Risk Assessments?  | **YES / NO**  |  |  |
| A Fire Certificate?  | **YES / NO**  | A First Aid Certificate?  | **YES / NO**  |
| Please confirm your offer of a Work Experience placement (Manager/Supervisor should sign below) **For and on behalf of:** (Company Name)  |
| Signed:  | Print Name:  |
| Position:  | Date:  |

|  |  |  |
| --- | --- | --- |
| **Safeguarding**  | **Yes**  | **No**  |
| Will the member of staff working with the student be unsupervised?  |   |   |

**Section 4:**  To be completed by **Parent/Guardian**

|  |
| --- |
| * I confirm that I have agreed to my daughter participating in this placement and will be responsible for her actions whilst on placement.
* I have satisfied myself that the placement is a safe environment for my daughter to undertake work shadowing.
 |
| **Signed:**  | **Name:**  | **Date:**  |

**Section 5:**  To be completed by **Student**

|  |
| --- |
| * I confirm that I have agreed to participate in this placement and will be responsible for my actions whilst on work shadowing placement.
* I have satisfied myself that the placement is a safe environment for me to undertake work experience.
 |
| **Signed:**  | **Name:**  | **Date:**  |