**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).](mailto: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:** |