



WORK EXPERIENCE EMPLOYER FORM

IMPORTANT: PAGES 1 & 2 TO BE COMPLETED BY EMPLOYER

Dates of Work Experience: Monday 16th to Friday 20th July 2018

Pupil Forename: _____ Surname: _____

Name of Company / Business: _____

Type of Company: _____

Name of Contact at Company: _____

Company Address or Address of actual placement:

_____ Phone: _____
_____ Mobile: _____
_____ Email: _____

Would you like an interview with the pupil prior to the Work Experience? YES/NO

Pupil Work Experience Description/Job Title: _____

Key duties the pupil will undertake: _____

Dress requirements: _____

Working hours (maximum of 39 hours per week) _____ with a minimum break of 1 hour for every 4 hours worked.

Daily start and finish times: _____

1. Please attach a copy of the Company's Employers Liability Insurance Certificate and return it to us with this form.
2. Please attach a copy of the Company's young person's risk assessment if applicable. Thank you

To be signed by the Employer:

I confirm this placement is definite, subject to a satisfactory Placement Safety Check/Risk Assessment and a copy of the Employers Liability Insurance certificate being received by the school.

Signed: _____ Date: _____

Name (please print): _____



Headteacher: D. J. Blow, M.A.
Ashcombe Road, Dorking, Surrey RH4 1LY
Tel: 01306 886312 Fax: 01306 742537
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info@ashcombe.surrey.sch.uk



EMPLOYER AGREEMENT

Name of Pupil: _____

Name of Company/Organisation: _____

1. We agree to participate in the Work Experience Scheme from the date of this agreement.
2. We will ensure that the pupil receives an induction briefing to include, as a minimum, health and safety and emergency arrangements.
3. We will notify The Ashcombe School of any incident, accident, injury or early termination during the placement or any other difficulties regarding the pupils using the contact details above.
4. As required by the **Management of Health and Safety at Work Regulations 1999**, we agree to complete a suitable and sufficient risk assessment for the pupil. This will take into account the pupil's inexperience of the workplace, immaturity and any known special needs. We will supply information on any significant risks and control measures to The Ashcombe School where the pupil is of compulsory school age.
5. We understand and confirm that it is the responsibility of this organisation to provide health and safety/risk assessment information to The Ashcombe School before the placement starts, although The Ashcombe School may help facilitate this.
6. We confirm that the pupil will be provided with adequate and appropriate supervision and will know the name of their supervisor and how to contact them, at all times.
7. We confirm that the pupil will only be allowed to work a maximum of 39 hours per week between 7am and 7pm, with appropriate breaks, unless prior agreement with the parent/guardian is obtained.
8. We confirm that we are aware of and will comply with the relevant legislation regarding data protection and Disclosure Baring Service.
9. We confirm the information provided and recorded in relation to this work experience placement are correct.

Signed on behalf of the Company/Organisation

Name: _____ Signature: _____

Position: _____ Date: _____

Signed on behalf of The Ashcombe School



Name: Mr C. Panting
Position: Deputy Headteacher

Form to be returned to Mr Vivian or Mrs Ayling at: The Ashcombe School, Ashcombe Road, Dorking,
Surrey. RH4 1LY. Telephone: 01306 886312 Email: ayling.helen@ashcombe.surrey.sch.uk