Work Experience Agreement

Tupton Hall School
REDHILL ACADEMY TRUST

School Contact: Mrs N Chapman *Tel: 01246 863127*

Student to fill in:

Name: **Date of Birth:** **Form:**

As the named student (above) I agree:
To take part in this work experience scheme, to hold in confidence any information about the employer's business which I may obtain during this work period and not to disclose such information to another person without the employer's permission.

Signed: ..... Date: .....

Parent/Carer to fill in:

As the Parent/Carer of the student named above I confirm:

That I have read and understood this form and other accompanying documents and I agree to him/her taking part in this scheme and I undertake that he/she will observe the conditions set out.

That either:
a) He/she does not suffer from any medical condition which could result in an unnecessary risk to his/her health or safety or to the safety of another person.
b) He/she suffers from any medical condition which I have attached details that should be advised to the employer.
(Please delete either (a) or (b). If you have any doubt then please contact school before signing.)

Name: .....

Signed: ..... Date: .....

Employer to fill in:

Employer:	**WEX Job Title:**
Placement address:	**Start Date:**
Postcode:	**End Date:**
Contact Name:	**Days of Work:**
Contact Number:	
E-mail:	**Hours of Work:**

As a representative of the employer I agree to the student named above working on my premises in accordance with the Letter of Understanding and acknowledge my responsibilities under the Health and Safety at Work Act.

Do you have Employers' Liability Insurance: Yes ☐ No ☐

If not, are you willing to obtain Employers Liability Insurance for this period? Yes ☐ No ☐

Name: .....

Signed: ..... Date: ……..