WEBVIEW

Appendix 22

WORK EXPERIENCE REFERRAL REQUEST

To be completed when a Work Experience placement is arranged by student, parent, school, etc.

SCHOOL: _____ **WORK EXP. DATE:** **4 - 8 July 2011**

PROGRAMME TITLE: _____

SECTION 1A: To be completed by the student/school in CAPITALS & BLACK INK
(Please ensure employer knows the date(s) of Work Experience)

STUDENT'S NAME: _____ **D.O.B.** _____ **YEAR GROUP:** _____ *(at date of Work Exp.)*

SECTION 1B: To be completed by the employer in CAPITALS & BLACK INK

EMPLOYER/ organisation: _____ **Contact in company:** _____

Employer's address: _____ **Contact's position:** _____

_____ **Tel:** _____ **Fax:** _____

Post-code: _____ **Web/ Email:** _____

Main business of company/organisation: _____

Work Experience Job Title: _____

Work Experience Activities:

Is employer address where the work experience will take place? ☐ if YES go to section 2 ☐ if NO please give details below

SECTION 2: To be completed by the EMPLOYER / ORGANISATION providing Work Experience

Are you part of HCS Ltd (Herts Careers Services) Work Experience scheme?:

☐ YES **If YES - then go straight to Section 3.**
☐ NO **If NO - then please complete all of Sections 2 & 3.**

- ***Employers offering Work Experience placements are required to be visited by a representative of HCS Ltd or an alternative approved agency to assess the suitability of the placement. The visit will cover insurances, Health & Safety, placement content and working practices in accordance with the Health & Safety Procurement Standards outlined by the DCFS (Dept of Children, Schools & Family).***
- ***INSURANCE - Employers Liability insurance cover and Public Liability insurance cover are legal requirements for Work Experience. We regret we are unable to take up offers of Work Experience from organisations without such cover.***
- ***I confirm I am happy to undergo a placement assessment visit* ☐ YES ☐ NO (if No, placement will be failed and will not be able to go ahead)**
- ***HCS Staff will endeavour to secure a visit but due to time constraints if after 5 attempts we have been unsuccessful, we will relay this back to the school/student to deal with***

Name of your **EMPLOYERS LIABILITY** insurance provider: _____

Policy no: _____ Expiry date: _____

Do you have valid **PUBLIC LIABILITY** insurance cover?:	☐ YES	☐ NO
Are your premises registered with either of the following?:	☐ Health & Safety Executive	☐ Local authority
Do you have 5 or more employees (inc. Work Experience student)?:	☐ YES	☐ NO
If YES (a): Do you have a written Health & Safety Policy and arrangements?:	☐ YES	☐ NO
(b): Do you have written Risk Assessments?:	☐ YES	☐ NO
(c): Do you have Young Persons Risk Assessments?:	☐ YES	☐ NO
Are you a "One-person business"?:	☐ YES	☐ NO

SECTION 3: Please confirm your offer of a Work Experience placement *(a **MANAGER** or **SUPERVISOR** should sign below):*

For & on behalf of: *(print company* _____

Signed: _____ **Position:** _____

Print name: **Date:**

Would you be happy to offer placements to other schools? ☐ **YES** ☐ **NO**

Please return the completed form to the Work Experience Co-ordinator at the school

Modified 21/07/09

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