



# THE HOLLYFIELD SCHOOL

## WORK EXPERIENCE INFORMATION FORM 2022



**School Name:**  **Work Exp Dates: From**  **To**

**Student Name:**  **Male/ Female**   **Year Group**  **Job Number:**

**Student** - Once you have secured a placement you will need to have this form completed by the employer and your parent. We will only allow you to do work experience with an employer or organisation that has Employers Liability (Compulsory) Insurance (ELI) so the employer must complete details of their current policy. **If the ELI is not completed these forms will be returned to you.** All sections must be completed; please print clearly.

**Employer** – Thank you very much for offering to host a student on work experience. We will try to keep the administration to a minimum and expect that the exchange of further information will be via email, **so please ensure you provide your email address.** All sections must be completed; please print clearly.

**Organisation name:**

**Department:**  **Number of staff in organisation:** < 5  5-50  >50

**Address:**  **Postcode:**

**Name of contact:**  **Position:**

**Direct Tel:**  **Mob:**  **E-mail:**  **(Essential)**

**The Right Start** is the Health & Safety Executives short introduction to the employer's responsibilities. You can access it at: <http://www.hse.gov.uk/pubns/indg364.pdf> . Please confirm by putting at **Y (for YES)** in the box to indicate that you will read it and make a copy available to anyone who will be supervising the student while they are with you.

Please indicate the type of work the student will be undertaking:

Days/hours of work:

Clothing/Dress Code:

Significant risks associated with role:

Have you carried out and recorded a risk assessment?:

Employers Liability (Compulsory) Insurance Expiry Date:

Name of Insurer:

Policy No:

Should the expiry date pass before the student starts with you will you renew with the same insurance provider? YES  
NO (please circle)

**Please confirm your offer of Work Experience Placement** (manager or supervisor to sign)

**Signature:**

**Position:**

**Name:**

**Date:**

Signed forms can be scanned and emailed to Mrs J Ebsworth at [jebsworth@hollyfield.kingston.sch.uk](mailto:jebsworth@hollyfield.kingston.sch.uk)  
**The Hollyfield School Sixth Form, Surbiton Hill Road, Surbiton KT6 4TU Tel: 020 8339 4507**