



## WORK EXPERIENCE REFERRAL REQUEST

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

SCHOOL:

St George's

WORK EXP. DATE:

9<sup>th</sup> – 13<sup>th</sup> July, 2012

PROGRAMME TITLE:

Year 10 Block

**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:

10

(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:

Web/  
Email:

Post-  
code:

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:

Cover Amount: £ .....

Policy no: .....

Expiry date: .....

Do you have valid **PUBLIC LIABILITY** insurance cover?:  YES - Cover Amount £

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