

THE CHAUNCY SCHOOL WORK SHADOWING REFERRAL REQUEST

SCHOOL: Chauncy School, Ware

W/S Date: 29th February—4th March 2016

SECTION 1: To be completed by the student/school in CAPITALS & BLACK INK

STUDENTS NAME: _____ D.O.B _____ YEAR GROUP: 10

SECTION 2: To be completed by the employer in CAPITALS & BLACK INK

Employer/Organisation: _____ Contact in company: _____

Employers Address: _____ Contacts Position: _____

_____ Tel & Fax No.: _____

Postcode: _____ Email Address: _____

Work Shadowing Job Title: _____

Work Shadowing Activities: _____

Is employer address where the work shadowing will take place? Yes/No (if no please give details)

Section 3: To be completed by the employer/organisation providing Work Shadowing
Health & Safety/Public Liability Insurance

INSURANCE: Employers Liability insurance cover and Public Liability insurance cover are legal requirements for Work Shadowing. We regret we are unable to take up offers of Work Shadowing from organisation without such cover.

Name of Employers Liability Insurance Provider _____

Cover amount £ _____ Policy Number: _____ Expiry Date: _____

Name of Public Liability Insurance Provider _____

Cover amount £ _____ Policy Number: _____ Expiry Date: _____

HEALTH & SAFETY: (please circle the following held by your company)

Are you premises registered with the following: Health and Safety Executive/Local Authority

Do you have a written Health & Safety Policy and arrangements? Yes/No

Do you have written Risk Assessments? Yes/No

Do you have written Young Persons Risk Assessments? Yes/No

If yes to any of the above please provide a copy of this when handing this form back to school/student.

SECTION 4: Please confirm your offer of a Work Shadowing placement (Manager/Supervisor should sign below)

Company Name: _____ Position: _____

Signed: _____ Print Name: _____

Date: _____