Work Experience 13th – 17th February 2023: Company Form

Student Name					Form				
Company Name:					Contact Name:				
Company Address:					Telephone:				
					Mobile:				
E-mail:									
***** Please attach a copy of your EMPLOYERS' LIABILITY INSURANCE certificate to this form. Should the pupil be travelling in a motor vehicle, please also attach a copy of the relevant MOTOR VEHICLE INSURANCE certificate. If a YOUNG PERSON'S RISK ASSESSMENT has been completed for your workplace, please include a copy ***** Please return to richardss@msj.bolton.sch.uk									
Type of work c	at								
Any enforcement action: (prosecutions, notices)		:							
Health & Safety Contact:									
To your knowledge, have any members of staff been disquehildren?					ied from working with Yes / No				
Work Experience Job Title:									
Key Skills and Tasks:									
Any Job Requirements (Specific skills, interests etc):									
				T	1				
Student's times of work		Mon	Tues	Wed	Thur	Fri	Sat	Sun	
	am								
	pm								
Minimum working hours, per week = 25; Maximum working hours, per week = 40									
Meal Arrangen	nents				1				
Lunch Break:					Canteen facilities:		Yes / No		
Other breaks:					Bring own lunch:		Yes / No		
						Use local shops: Yes / No Other (please specify):			

Dress Code:	
Personal Protective Equipment (PPE) (please list below)	To be provided by: (pupil or employer)

I confirm that:

- We will take all possible care of the pupil's health and safety, recognising his/her inexperience, immaturity and lack of awareness of risks.
- We will ensure that the pupil performs meaningful work as agreed in the job description.
- We will not discriminate on the grounds of gender, race, disability, religion, age or sexual orientation.
- We will inform the school immediately, should we for any reason need to send the pupil home.
- We understand that contact details may be held by Mount St Joseph and shared with pupils and parents of the school. Employers can opt out by informing the school at any time.
- We have Employer's and Public Liability Insurance and will inform our insurance company that we have accepted the above named pupil for work experience.

***** Please attach a copy of your **EMPLOYERS' LIABILITY INSURANCE** certificate to this form. Should the pupil be travelling in a motor vehicle, please also attach a copy of the relevant **MOTOR VEHICLE INSURANCE** certificate. If a **YOUNG PERSON'S RISK ASSESSMENT** has been completed for your workplace, please include a copy ***** Please return to richardss@msj.bolton.sch.uk

Signed	Position in company
Print Name	Date