



WORK EXPERIENCE REFERRAL REQUEST

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

SCHOOL: BEAUMONT SCHOOL Work Exp. Dates: 08/06/09 – 12/06/09
Programme Title: _____

SECTION 1a: To be completed by the student (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

EMPLOYER/organisation: _____ Contact in company: _____
Employer's address: _____ Contact's position: _____

Post-code: _____ Tel: _____ Fax: _____
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 our Herts Careers Services (HCS) 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 must agree to undergo a HEALTH & SAFETY ASSESSMENT check carried out, on behalf of the school, by Hertfordshire Careers Services Ltd., or an alternative approved agency. The assessment will cover health & safety in the workplace, insurance and work content, in accordance with Department for Education & Skills requirements.
- 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.

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

Are you a "One-person business"?: YES NO

Does the company participate in any other Work Experience programme (e.g. run by education business partnership (EBP), Trident, etc.):? YES NO

If YES, please give the name of the programme: _____

RISK ASSESSMENT (Ref: Management of Health & Safety at Work Regulations 1999 - Regulation 19, Protection of Young Persons)

Hazards & risks associated with the work: _____ Measures to minimise the risks: _____

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

For & on behalf of: _____ (print company name)

Signed: _____ Position: _____

Print name: _____ Date: _____

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