



**BARNWELL SCHOOL SIXTH FORM WORK EXPERIENCE APPLICATION FORM
(To be completed when a Work Experience Placement is arranged by a student)**

Section 1 – to be completed by the STUDENT

STUDENT NAME:		D.O.B	
HOME ADDRESS (Please include your Postcode)			
Home Tele. Number:		Student Mobile No:	
Dates of Works Experience:	From:	To:	
COMPANY NAME AND ADDRESS (please provide postcode)			
Contact Name and Title at Placement:	Name:	Title:	
Placement Tele. No:			
Placement e-mail:			
Nature of Business (please circle)	Medical / Media / Retail / Legal / Financial / Property / Science / Marketing / I.T. / Construction / Sport / Fashion / Architecture / Engineering / Politics / Education / Veterinary / Other:		

Section 2 – to be completed by the EMPLOYER

Name of Employers Liability Insurance Provider			
Cover amount:		Policy No.	Expiry Date:
Please confirm (by signing) that you have informed your Insurer that you will have Work Experience Student/s with you for the period specified in Section 1 above.			
General requirements of student (hours of work, clothing guidelines etc.)			
Employers Name (for and on behalf of the Company)			
Position held within Company:			
Employers Signature:			
Date:			



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Section 3 – to be completed by the PARENT / CARER AND THE STUDENT

Do you suffer from: (please circle)	Asthma / heart conditions / fits / fainting / allergies / migraine / diabetes
Any other medical condition	Please specify:
Do you have any special medical requirement:	YES / NO
If YES, please give full details:	
Are you receiving any medical treatment at present:	YES / NO
If YES, please give full details:	

Student Agreement

As the student named below, I agree to take part in this work experience. I agree to hold in confidence any information about the Employer's business which I may obtain during my placement and not to disclose such information to another person without the Employer's permission.

I confirm that I have informed the employer of any medical conditions / needs that I have and that they may need to be aware of.

I also agree to observe all safety, security and any other regulations laid down by the Employer's representatives or by displayed notices.

NAME:

DATE:

SIGNED:

Parent / Carer Agreement

As the Parent / Carer of the student named, I confirm that I agree to him / her taking part in their work experience. I agree that travelling to and from the placement is our responsibility and understand that lunch times may be unsupervised.

NAME:

DATE:

SIGNED: