

**Stratford Girls' Grammar School**  
**CONFIRMATION OF WORK EXPERIENCE PLACEMENT (UK)**

<b>Work experience dates</b>	<b>From:</b>	<b>To:</b>
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<b>STUDENT TO COMPLETE</b>			
Student		Tutor Group	
Home address			
Phone Nos	Student mobile:	Parent/Guardian mobile:	
	Home:	Other contact:	

<b>EMPLOYER/ORGANISER TO COMPLETE</b>			
Company/organisation			
Address			
Phone No			
Email			
Contact			
Position			
Description of work experience			
Start Time		Finish Time	
Have you taken work experience students before?		YES/NO	
Please confirm that your company/organisation has a <b>health and safety policy</b>		YES/NO	
and that our student will receive a full <b>health and safety induction</b> on her first day		YES/NO	
Assessed <b>Health &amp; Safety risks</b> relevant to this work placement, including appropriate control measures:			
<b>Special requirements</b> eg clothing, confidentiality:			
Please note below any actions agreed before a student takes up a placement:			
I certify that my company/organisation is currently insured against liability for negligent acts resulting in injuries to the student (Employers Liability) or to third parties (Public Liability) arising out of the actions of the student.			
Recent changes to statutory guidance mean that there are additional safeguarding checks required for adults who are unsupervised for a period of more than 3 days with children whilst they are on work experience. Please sign below to confirm that there will not be anyone who will be 'unsupervised' (i.e. on their own) with the student for more than three days.			
Signed for the Employer (please print name below)			Date

<b>I CONFIRM THAT I HAVE READ AND ACCEPT THE INFORMATION CONTAINED ON THIS FORM</b>			
Student		Parent/Guardian	
Date		Date	

**PLEASE RETURN THIS FORM TO MRS PEARSON BEFORE STARTING YOUR WORK EXPERIENCE**

**HEALTH DECLARATION****TO BE COMPLETED BY STUDENT/PARENT of Stratford Girls' Grammar School AND SENT TO PROSPECTIVE WORK PLACEMENT EMPLOYERS**

Student name: \_\_\_\_\_

<b>restrictions of normal physical activity/games?</b>	
<b>skin allergies/eczema</b>	
<b>any allergies to food/medicine</b>	
<b>bronchitis/asthma/chest complaints</b>	
<b>hearing disability/ear infection</b>	
<b>heart disease</b>	
<b>diabetes</b>	
<b>experience fits or fainting attacks</b>	
<b>significant colour vision defect or other visual disability</b>	
<b>a learning difficulty affecting her ability to understand and act on written/verbal instructions</b>	
<b>any other health problems (including the need for regular medication)</b>	

I give my permission for my daughter to take part in the work experience placement. I confirm that the information supplied above is accurate and understand that it is my responsibility to inform the Work Experience Coordinator if any changes occur before/during my daughter's work experience placement.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date \_\_\_\_\_