



## The Royal School

Wolverhampton

Dear employer,

Thank you for supporting the Royal Schools work experience programme. We hope the week proves to be as valuable to you, as it is for our students. I fully appreciate the additional workload this causes, but I am certain the student will find the placement enriching, valuable and worthwhile.

Prior to them starting the placement, can I ask that all the forms are completed and returned electronically or via the student to myself along with a risk assessment to make sure they are safeguarded during their placement. Should you require further information or guidance surrounding the content of the forms and risk assessment, please visit the following website – [Young people at work - work experience - HSE](#)

Please do not hesitate to contact us if you have any queries. We greatly appreciate your support in taking our students for their work experience placement. If you have any issues during the week, please do not hesitate to contact us.

Phone – 01902 341230

Email – [ch@theroyal.school](mailto:ch@theroyal.school)

Once again, we are very grateful for your support in providing this opportunity.

Yours sincerely

Mr Chris Howells

Assistant Principal

## Work Experience Employer Form

Student Information	
Name	DOB
Date of work experience placement	

Company Information	Contact Person Information
Provider/Company Name	Contact Name during Placement
Main Business of Company	Position in Company
Telephone	Mobile
Email	Email
Address	Any other information

Placement Information for Student	Job Description for Student
Students' Work Experience Job Title	Please provide the work experience activities of Student <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
Hours of Work	
Dress Code	
Lunch/Break Arrangements	
Travel Arrangements (if applicable)	

## Employer Health and Safety Declaration

Health and Safety Information	Insurance Information
Number of Employees on site	Employers Liability Insurance
Name of person responsible for Health and Safety	Insurance Company Name
Do you have Young Person's Risk Assessment?	Policy Number
Is any Personal Protective Equipment (PPE) required? If yes, what is provided?	Expiry Date
	Public Liability Insurance
Does the student need to provide any PPE?	Insurance Company Name
	Policy Number
	Expiry Date

### Employer declaration

I confirm that all required Health and Safety policies/procedures are in place and that the student (s) will receive a full induction prior to commencing work covering working conditions, Health & Safety and emergency procedures and that a **risk assessment will be returned with this form.**

<b>Signed</b>	
<b>Contact Position</b>	
<b>Print Name</b>	
<b>Date</b>	
<b>Please send the risk assessment to <a href="mailto:ch@theroyal.school">ch@theroyal.school</a></b>	

### Parental declaration

- I have discussed the work experience placement with my son/daughter and am happy for him/her to attend.
- I understand that my son/daughter will receive no payment for employment undertaken.
- I understand that all placements are risked assessed by the employer and that the employers are asked to provide details of public liability cover and risk assessment.
- I understand that the employer is responsible for all health and safety aspects during the work placement.
- I understand that no student can attend a placement unless it has been approved.
- I understand that the school has no responsibility for my son/daughter whilst travelling to and from their placement.
- I further confirm that, the student named above is not suffering from any medical conditions which could contribute a risk to health/safety in the place of employment.

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_