



# Tring School Work Experience Request 2021

(to be completed by employer and returned to Tring School - only needed if the student is going to the workplace)

## Student Information (student to complete)

Student name \_\_\_\_\_ Tutor Group \_\_\_\_\_

Dates of Work Experience \_\_\_\_\_

## Company Information

Provider/Company Name  
\_\_\_\_\_

Main Business of Company  
\_\_\_\_\_

Placement Address  
\_\_\_\_\_  
\_\_\_\_\_

Town  
\_\_\_\_\_

Postcode  
\_\_\_\_\_

Email  
\_\_\_\_\_

Telephone  
\_\_\_\_\_

Mobile  
\_\_\_\_\_

## Contact Person Information

Contact Name Agreeing to Placement  
\_\_\_\_\_

Position in Company  
\_\_\_\_\_

Person to Contact if different from above  
\_\_\_\_\_

Position in Company  
\_\_\_\_\_

Mobile  
\_\_\_\_\_

Email  
\_\_\_\_\_

Any other information  
\_\_\_\_\_  
\_\_\_\_\_

## Placement Information

Work Experience Job Title  
\_\_\_\_\_

Hours of work  
\_\_\_\_\_

Dress Code  
\_\_\_\_\_

Lunch/Break Arrangements  
\_\_\_\_\_

Travel Arrangements  
\_\_\_\_\_

Interview Required?    Yes / No    (please highlight)

## Job Description

Work Experience Activities of Student (***please complete as fully as possible***)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employer Health & Safety Declaration

Health & Safety Information	Insurance Information
Number of Employees on site  _____  Name of person responsible for Health & Safety  _____  Do you have a Young Person's Risk Assessment?  _____  Is any PPE required and if yes what is provided?  _____  Does the student need to provide any PPE ie own safety boots?  _____  _____	<p><b>Employers Liability Insurance</b></p> Insurance Company Name  _____ Policy Number  _____ Expiry Date  _____  <p><b>Public Liability Insurance</b></p> Insurance Company Name  _____ Policy Number  _____ Expiry Date  _____

## Declaration

I confirm that all required Health & 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

<b>Signed</b>	
<b>Contact Position</b>	
<b>Print Name</b>	
<b>Date</b>	

**Students to return this form to Mr Curry once completed**

[ccurry@tringschool.org](mailto:ccurry@tringschool.org)

Tring School

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