

**WORK EXPERIENCE APPLICATION FORM**



**Date of Work Experience:**

**STUDENT DETAILS**

Full Name ..... M/F ..... Date of Birth .....  
Address.....  
..... Postcode .....  
Tel No ..... E-mail .....

**EMPLOYER DETAILS**

Name of Company.....  
Address ..... Postcode.....  
Web Address.....  
Name of Contact ..... Position in Company .....  
Tel No..... Email Address.....  
Is contact (*please circle*): Relative? Family Friend? Neither?  
Company's Business..... Are you a lone worker YES / NO  
Work Experience Placement Title ..... Number of Employees .....  
Job Description/ Main Duties .....  
Does the company have Employer Liability Compulsory Insurance (ELCI)? YES / NO  
Policy Provider & No: ..... Expiry: .....  
**Company must have Employer's Liability Compulsory Insurance to enable placement to commence.**  
Does the company employ any person under the age of 18 (i.e apprentices, interns, volunteers, work exp)? YES / NO  
Has a risk assessment been carried out that includes consideration for young workers under 18? YES / NO  
**Please complete section overleaf. Parents must be informed by the school of any high risk situations.**  
I understand the school coordinator will contact me before the placement commences to confirm that measures are in place to manage associated risks in the workplace, including a current ELCI certificate.  
**Signature of Employer** ..... **Date**.....  
**Full Name** .....

**PARENT/CARER DETAILS**

**I/We give permission for our son/daughter to attend work experience as detailed above.**  
**I/We declare below any medical conditions or learning needs that the Employer will need to be made aware of:**  
.....  
**Parent/Carer Signature** ..... **Date** .....  
**Parent/Carer Emergency Contact No.** .....

Return address for Employer:

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