



WORK EXPERIENCE REFERRAL REQUEST

To be completed when a Work Experience placement is arranged by student, parent, school, etc.

SCHOOL: _____ WORK EXP. DATE: _____
PROGRAMME TITLE: _____

SECTION 1A: To be completed by the student/school in CAPITALS & BLACK INK
(Please ensure employer knows the date(s) of Work Experience)

STUDENT'S NAME: _____ D.O.B. _____ YEAR GROUP: _____ (at date of Work Exp.)

SECTION 1B: To be completed by the employer in CAPITALS & BLACK INK

EMPLOYER/organisation: _____ Contact in company: _____
Employer's address: _____ Contact's position: _____
Tel: _____ Fax: _____
Post-code: _____ Web/Email: _____

Main business of company/organisation: _____

Work Experience Job Title: _____

Work Experience Activities: _____

Is employer address where the work experience will take place? if YES go to section 2 if NO please give details below

SECTION 2: To be completed by the EMPLOYER / ORGANISATION providing Work Experience

Are you part of HCS Ltd (Herts Careers Services) Work Experience scheme?:
 YES If YES - then go straight to Section 3.
 NO If NO - then please complete all of Sections 2 & 3.

- Employers offering Work Experience placements are required to be visited by a representative of HCS Ltd or an alternative approved agency to assess the suitability of the placement. The visit will cover insurances, Health & Safety, placement content and working practices in accordance with the Health & Safety Procurement Standards outlined by the DCFS (Dept of Children, Schools & Family).
- INSURANCE - Employers Liability insurance cover and Public Liability insurance cover are legal requirements for Work Experience. We regret we are unable to take up offers of Work Experience from organisations without such cover.
- I confirm I am happy to undergo a placement assessment visit YES NO (if No, placement will be failed and will not be able to go ahead)
- HCS Staff will endeavour to secure a visit but due to time constraints if after 5 attempts we have been unsuccessful, we will relay this back to the school/student to deal with

Name of your EMPLOYERS LIABILITY insurance provider: _____
Policy no: _____ Expiry date: _____

Do you have valid PUBLIC LIABILITY insurance cover?: YES NO

Are your premises registered with either of the following?: Health & Safety Executive Local authority

Do you have 5 or more employees (inc. Work Experience student)?: YES NO

If YES (a): Do you have a written Health & Safety Policy and arrangements?: YES NO

(b): Do you have written Risk Assessments?: YES NO

(c): Do you have Young Persons Risk Assessments?: YES NO

Are you a "One-person business"?: YES NO

SECTION 3: Please confirm your offer of a Work Experience placement (a MANAGER or SUPERVISOR should sign below):

For & on behalf of: (print company) _____

Signed: _____ Position: _____

Print name: _____ Date: _____

Would you be happy to offer placements to other schools? YES NO

Please return the completed form to the Work Experience Co-ordinator at the school