



Work Experience Placement Form: June – Sept 2017

This form must be accompanied by a CV and covering letter written by the applicant.

To be completed by the applicant's parent or guardian:

Name of Applicant:		Parent/ Guardian Email:	
Age of applicant: (at time of placement)			
School Year (e.g. 11)		Parent/ Guardian daytime tel:	
Subject he/she is hoping to study at University.			

Name and Address of School Attended:

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School Tel:

Range of availability for 1 week placement: From2017 to2017

Please read the following carefully and delete as appropriate before signing:

As the parent or guardian of the above named person I agree to them undertaking a 1 week placement at the Cavendish Laboratory. I confirm that I have read the whole of this form. I understand that the applicant must obey the Departmental Health and Safety procedures and rules at all times as failure to do so will result in the placement being terminated. I understand that I can request a copy of the completed risk assessment overleaf, should I wish to see it before the placement takes place. I accept that in accordance with University policy, neither supervisors of work experience students, nor any other staff with whom the student may come into contact, are required to undergo checks from the criminal records bureau. I also accept that the employer cannot find accommodation should it be required.

- I confirm that my son/daughter does not have a medical condition that could result in unnecessary risk to his/her health and safety, or to the safety of another person.
- My son/daughter has the following medical condition(s).

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and I wish to inform the employer before the work experience placement begins.

Name (please print):

Signed (parent/guardian): Date:

To be completed by the applicant's school representative:

The student will be fully covered by the department's employer and public liability policies. However, should damage caused by the student result in a cost being incurred by the department we ask that the applicant is covered by the school insurance policy whilst outside school and under the supervision of an adult other than a member of the teaching staff.

As a representative of school confirm that the named applicant is indeed covered by our policy whilst outside school and under the supervision of an adult other than a member of the teaching staff.

Signed: Position:

Name (please print): Date:



To be completed by the employer (retain a copy for your records):

Point of contact: Jacob Butler, Assistant Outreach Officer

Tel: 01223 333318

Travel arrangements: Public transport or students own arrangements

Lunch arrangements: Canteen on site (estimated cost per day £5) or own packed lunch

Appropriate clothing: Smart/Casual Dress

Footwear: Flat Shoes.

Days and hours to be worked: 5 days. **From** 9:30 am **to** 4:30 pm

Main tasks of placement:

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Necessary qualities to perform the task of the placement:

self-motivated, good communications skills, able to work as part of a team, computer literate,

attention to detail, able to follow instructions precisely.

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Risk Assessment:

I have completed a general and specific risk assessment taking into account the lack of experience, awareness and maturity of work experience students.

The student will be exposed to the following risks whilst on work experience with us:

1.
2.
3.

The precautionary measures I will take are as follows:

1.
2.
3.

Signed by supervisor: **Position:**

Name of Supervisor (please print): **Date:**