

Sixth Form Self-Generated Placement Insurance Form

This form should be given to employers once they have accepted you and offered you a placement. We ask that employers complete and return this form by the 30th June 2015 to the address below.

Employers should keep a copy of the form for reference.

**Mrs Evette Sharpe – Information Advice and Guidance Officer
Wymondham High Academy Trust
Folly Road , Wymondham , NR18 OQT**

Name of Student : _____ Date of Work Experience _____

Role student will undertake _____

Working days and times

Meal breaks

Clothing required

As **Employer Liability Insurance is mandatory**, could you please complete details:

Name of Insurance Company

Policy No. Expiry Date

I confirm that my company has both Public and Employer Liability Insurance, which cover students for Work Experience/Work Related Learning and have attached a copy of:

- The ELI certificate
- A relevant young person's risk assessment (see the example provided)

Name: _____
(Block Capitals)

Signature: _____

Position Held: _____

Date: _____

In case of emergency, please confirm that you have the emergency contact details of the parents or carers of the student.

Name: _____
(Block Capitals)

Signature: _____

For safeguarding purposes, if you have a concern about the welfare of a student, please contact the MASH team on 0344 800 8020

If you have a concern about the behaviour of an adult, please contact the LADO on 01603 223473

In other emergencies please call 999