



Work Experience or Work Shadow Visit Checklist

Student name		Tutor Group	
---------------------	--	--------------------	--

EMPLOYER INFORMATION - To be completed by the employer offering the work experience/work shadow opportunity:

Name of employer			
Employer's sector			
Name of person to be shadowed			
Telephone number			
Email address			
Role to be shadowed			
Hours			
Dress			
Any specific information a student should know			
Employer's Public liability Insurance information	Insurance Company: Policy number: Expiry date:		
Is the person to be shadowed related to the student?	YES NO Relationship:		
Employer agreement: <ul style="list-style-type: none">• I understand I have a duty of care for the student's health & safety as a visitor whilst on work experience/shadowing visit.• I have Public Liability Insurance in place to cover the student as a visitor whilst on work experience/shadowing.• I will provide a safe and healthy working environment, which covers welfare facilities, emergency arrangements, risk assessment, and first aid.• I will maintain the confidentiality of health information (where the Parent has disclosed any necessary health information in relation to the Student) and only disclose this information to another party if treatment is required for a known medical condition or in the case of a medical emergency.• I will notify the school of any incidents immediately.• I will inform the school should the student be absent on the work experience/shadowing visit.			
Employer signature		Date	

Any information supplied will be held in line with the school's GDPR privacy statement.



PARENT SECTION - To be completed by the parent/carer:

Name of parent/carer			
Student name and tutor group			
Telephone number in case of emergency			
Email address			
Please indicate below any medical conditions and/or special needs your child has which may be relevant to the work shadowing employer. Use N/A if there is nothing to add.			
Parent Agreement: <ul style="list-style-type: none">• I give my consent for my son/daughter (named above) to take part in the work experience/shadowing visit with the named person mentioned in the employer information section.• I have provided up to date health information and emergency details and understand that it is my responsibility to share this information with the employer.• I understand the behaviour expectations and I will ensure that my son/daughter will behave responsibly at all times.• I understand that parents/guardians have responsibility for safety whilst the student is travelling to and from the organisation.• I understand that the employer has responsibility to ensure that, so far as is reasonably practicable, all necessary health and safety measures will be taken during the placement.• I understand that the employer will have to satisfy the school's standard relating to insurance cover and health and safety at work.• I understand that no payment in respect of work done may be made.• I will inform the school should my child be absent on the work experience/shadowing visit.			
Parent/carer signature		Date	

School behaviour rules apply whilst on the placement. Any unacceptable behaviour will be responded to according to the school behaviour policy, up to and including permanent exclusion.

Copy to: Placement, student, parent/carer, school, Rob Buck (MET)