

WORK EXPERIENCE/WORK SHADOWING PLACEMENT

EMPLOYER'S CONSENT FORM

Name of Student:

Company:

Address of Company:

Post code:

Telephone number of Company:

We confirm that the Student entering our Company from Corby Technical School will be carrying out work shadowing/work experience activities only. As a Company, the following policies/procedures will be in place to ensure the health, safety and welfare of the Student.

- Employer's liability insurance.
- The student will be supported appropriately and supervision of the Student will be adequate.
- Students will not have unsupervised access to people who are debarred from working with young people.
- There will be a health and safety briefing on the premises or site and any personal protective equipment will be provided if this is appropriate.
- The school will be informed by the business if the student fails to attend.

Agreed placement dates:

Company contact and position in company:

Telephone number of contact (if different from above):

Email address of Contact:

Employer's liability insurance number:

Employer's liability insurance company name:

Signature of Contact:

Date:

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