

WORK EXPERIENCE APPLICATION FORM Mark Hall Academy

Student's Name:	
Date of Birth:	

Date Work Experience to take place:	Monday 15th – Friday 19th July 2019
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Following Sections to be completed in full by the employer agreeing to give the placement

Employer Name/Organisation:	
Contact name within the company:	
Company Address:	
Email address:	
Contact Number:	
Main business of Organisation:	

Work Experience Job Title:	
Work Experience Activities:	

If the work experience placement is taking place at an address other than that stated above then please give address details below of where the placement is to take place.

Address of placement if different from above:	Postcode:
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Principal: Mr Jonathan Fuller BA (Hons) PGCE NPQH

Mark Hall Academy, First Avenue, Harlow, Essex, CM17 9LR

T: 01279 866 280 F: 01279 866 286 E: office@mha.atrust.org.uk W: www.mha.atrust.org.uk



Employers Liability and Public Liability Insurance

Employers offering work experience placements may be visited by a representative of Mark Hall Academy to assess the suitability of the placement. The visit will cover insurance, health and safety, placement content and working practices.

INSURANCE: Employers Liability Insurance cover **and** Public Liability insurance cover are legal requirements for work experience. We regret that we are unable to take up offers of work experience from organisations without such cover.

Employers Liability Insurance cover provider's name:	
Cover amount:	
Policy Number:	
Expiry Date:	

Please complete the following:

	Yes	No
Do you have valid Public liability?	cover amount: £	
Are your premises registered with either of the following:	Health & Safety Executive/Local Authority	
Do you have 5 or more employees (including work experience student)		
If YES, do you have a written Health and Safety policy?		
Do you have written risk assessments?		
Do you have young person's risk assessments?		
If NO, are you a sole trader/one person business?		

Please confirm your offer of a work experience placement (manager or supervisor to sign)

For and on behalf of: Company Name:	
Print Name:	
Signature:	
Position within company:	
Date:	