

**Burton Borough School**

Audley Avenue, Newport, Shropshire TF10 7DS

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**Principal:** Krissi Carter ACTL, BMus (Hons), FCoT, FInstLM, FRSA, FCCT

**WORK EXPERIENCE**

**HEALTH AND SAFETY FORM**

To be completed by the Employer and handed / emailed / posted / sent via pupil to Mrs K. McClean at the above address by **THURSDAY 13TH FEBRUARY, 2020**. By completing this form you are agreeing to provide a Work Experience placement for the named student.

On receiving this form the Education Business Links (EBL) at Telford and Wrekin will be notified in order to carry out the necessary Health and Safety Checks. Please be aware that this procedure takes time, therefore we would appreciate a prompt response.

Your details will be kept on our records for possible future opportunities for students. If you would prefer us not to keep your details, please tick this box

**FOR ‘OUT OF COUNTY’ PLACEMENTS, THIS FORM HAS TO BE COMPLETED AND POSTED BACK TO MRS MCCLEAN BEFORE FRIDAY 20th DECEMBER 2019 AT THE VERY LATEST.**

NAME OF STUDENT:

NAME OF COMPANY:

FULL ADDRESS:

POSTCODE:

CONTACT NAME:

CONTACT E-MAIL ADDRESS:

TELEPHONE NUMBER:

MOBILE NUMBER:

TYPE OF BUSINESS:

TYPE OF WORK THE PUPILS WILL DO: ………………………………………………..................

…………………………………………………………………………………………………………

HOURS OF WORK: ………………………………………………………………………………...

**PLACEMENT DATES:**

**Monday 6th July – Thursday 16th July 2020**

***All students will be required to attend School on Friday 17th July***

***for a Work Experience debriefing****.*

**SPECIAL CLOTHING:**

Should the pupil wear any specific safety clothing? Yes / No

………………………………………………………………………………………… (Please Specify)

Comments on style of dress expected?:………………………………………………………………

…………………………………………………………………………………………………………………

Is there any type of dress which is unsuitable?: ………………………………………………………

**Any Other Comments:**

(E.g. hazards or unsuitability for students with certain medical backgrounds, i.e. Asthma, Colour blindness etc. or days in which the student cannot attend due to closures etc.)

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I confirm that I am happy to offer the student named overleaf a work experience placement for the 9 day duration. I understand that Telford and Wrekin EBL will make contact with me to arrange a health and safety check, if one has not been done recently. I understand that I will not hear from the school unless the placement is not approved by Telford & Wrekin.

**I agree to contact the school immediately, should the student not arrive at the placement on any expected day.**

Signed: ……………………………………… PRINT NAME: ………………………………………..

Role within Company:………………………………........ Date: …………………………………

**PLEASE NOTE THAT STUDENTS WILL NOT BE ALLOWED A PLACEMENT UNTIL THIS FORM IS RECEIVED AND THE NECESSARY HEALTH AND SAFETY CHECKS CARRIED OUT.**

If you should have any queries or require any clarification please do not hesitate to contact Mrs Kane or Mrs McClean on (01952) 386500 or email using the following addresses: lisa.kane@taw.org.uk or kay.mcclean@taw.org.uk