

STUDENT NAME \_\_\_\_\_ FORM \_\_\_\_\_



ANGLO EUROPEAN SCHOOL  
Willow Green, Ingatestone  
Essex, CM4 0DJ  
Tel: 01277 354018  
Email: [yr10workexp@aessessex.co.uk](mailto:yr10workexp@aessessex.co.uk)

## PLACEMENT FORM

**(To be handed to prospective employer and returned to Enterprise dept. Anglo European School by 04/01/19 early rate, thereafter standard rate)**

**Work Experience – Monday 3<sup>rd</sup> to Friday 14<sup>th</sup> June 2019 (inclusive)**

Employer \_\_\_\_\_

Contact name (Mr/Mrs/Ms/Miss) \_\_\_\_\_ Position \_\_\_\_\_

Report to - supervisor \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel no \_\_\_\_\_ email \_\_\_\_\_

Main business of company \_\_\_\_\_

Work experience job title \_\_\_\_\_

Work experience activities (brief outline) \_\_\_\_\_  
\_\_\_\_\_

Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_ Lunch Time \_\_\_\_\_

Catering Facilities available (restaurant/packed lunch) \_\_\_\_\_

Dress Code \_\_\_\_\_

Does the student require an interview prior to the commencement of work experience? \_\_\_\_\_

If yes, who should they contact and when? \_\_\_\_\_

Please confirm you have a written Health & Safety Policy and any necessary training will be given to the student  
Please tick

**EMPLOYERS LIABILITY COMPULSORY INSURANCE PROVIDER:** \_\_\_\_\_

Cover Amount \_\_\_\_\_ Policy No \_\_\_\_\_ Expiry Date \_\_\_\_\_

**For our records, we require a photocopy of the Employer's Liability Compulsory Insurance Certificate.**

Please confirm your offer of a Work Experience Placement (a Manager or Supervisor should sign below):

For & on behalf of \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Position \_\_\_\_\_

For AES Enterprise department completion only:-

Date form received

Duties assessed as low / less familiar / higher risk

If less familiar /higher duties involved – date risk form sent to employer for completion

If less familiar / higher duties involved – date risk form sent to parents for signature

If less familiar / higher duties involved – date completed risk form received back

If less familiar / higher duties involved – risk form approved by AES

ELCI checked and in date

ELCI action if required

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## MEDICAL AND CONSENT FORM

**To be returned to the Enterprise dept. Anglo European School by 05/01/18 early rate, thereafter standard rate**

Work Experience – Monday 3<sup>rd</sup> to Friday 14<sup>th</sup> June 2019 (inclusive)

### Student Information

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

FORM \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

DAYTIME CONTACT NO \_\_\_\_\_ MOBILE \_\_\_\_\_

CONTACT EMAIL ADDRESS \_\_\_\_\_

ALTERNATIVE CONTACT PERSON & NO \_\_\_\_\_

DOCTORS NAME \_\_\_\_\_ CONTACT NO \_\_\_\_\_

MEDICAL CONDITIONS AND MEDICATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As parent/carer of the student named above, I confirm that I agree to his/her taking part in this Work Experience and have paid the administration contribution on parent pay. I have declared any medical conditions on this form and am aware that any relevant information will be shared with the Work Experience Employer. I confirm that he/she does not suffer from any medical condition/special needs which could result in an unnecessary risk to his/her health or to the health and safety of another person. I consent to the staff in charge giving written permission for any hospital treatment, including transfusion or operation if a delay in requesting my consent would hinder the child's progress.

I agree that travelling to and from the placement is our responsibility and lunch times may be unsupervised. I understand that Work Experience is a non-paid activity.

Date contribution made on parentpay.....

Signed by Parent/Carer..... Date.....