

Year 10 Work Experience Insurance Form
Monday 8th to Friday 12th July 2024

Student:		AM Group:	
Company name:			
Company address:			
Landline number:			
Mobile number:			
Email address:			
Company contact name:			

To be completed by the EMPLOYER

Note 1: Employers offering Work Experience must agree to undergo a Health & Safety Assessment Visit. The assessment will cover Health & Safety in the workplace, insurance and work content in accordance with the Department for Education & Employment requirements.

Note 2: Insurance - Employer's Liability Insurance cover is a legal requirement for Work Experience.

Name of your EMPLOYER'S LIABILITY insurance provider:	
Policy number:	
Expiry date:	
If expiry date is before the work experience then will the policy 'roll over'?	

Please enclose a photocopy of your insurance

	<i>Please circle</i>
Do you have valid PUBLIC LIABILITY Insurance cover? <i>Please enclose photocopy of your insurance</i>	Yes No
Are your premises registered with the Health & Safety Executive/ Local Authority?	Yes No
Do you have 3 or more employees on site (including Work Experience students)?	Yes No
If YES do you have a written Health & Safety policy arrangement?	Yes No
Are you a Sole Trader?	Yes No
Hours of Work - Limited to 8.30am - 5.00pm unless parents or carer give permission. Please state:	
Lunch Break, must have break after every 4 hours of work - Please state:	



Park Academy West London
an Aspirations Academy