



WORK EXPERIENCE REFERRAL REQUEST

To be completed when a Work Experience placement is arranged by student, parent, school, etc.

SCHOOL: _____ WORK EXP. DATE: _____
PROGRAMME TITLE: _____

SECTION 1A: To be completed by the student/school in CAPITALS & BLACK INK (Please ensure employer knows the date(s) of Work Experience)			
STUDENT'S NAME:	D.O.B.	YEAR GROUP:	(at date of Work Exp.)
SECTION 1B: To be completed by the employer in CAPITALS & BLACK INK			
EMPLOYER/organisation:	Contact in company:		
Employer's address:	Contact's position:		
	Tel:	Fax:	
	Web/Email:		
Main business of company/organisation:	Post-code:		
Work Experience Job Title: _____			
Work Experience Activities: _____			
Is employer address where the work experience will take place? <input type="checkbox"/> if YES go to section 2 <input type="checkbox"/> if NO please give details below			

SECTION 2: To be completed by the EMPLOYER / ORGANISATION providing Work Experience	
Are you part of HCS Ltd (Herts Careers Services) Work Experience scheme?:	
<input type="checkbox"/> YES If YES - then go straight to Section 3. <input type="checkbox"/> NO If NO - then please complete all of Sections 2 & 3.	
<ul style="list-style-type: none"> Employers offering Work Experience placements are required to be visited by a representative of HCS Ltd or an alternative approved agency to assess the suitability of the placement. The visit will cover insurances, Health & Safety, placement content and working practices in accordance with the Health & Safety Procurement Standards outlined by the DCFS (Dept of Children, Schools & Family). INSURANCE - Employers Liability insurance cover and Public Liability insurance cover are legal requirements for Work Experience. We regret we are unable to take up offers of Work Experience from organisations without such cover. I confirm I am happy to undergo a placement assessment visit <input type="checkbox"/> YES <input type="checkbox"/> NO (if No, placement will be failed and will not be able to go ahead) HCS Staff will endeavour to secure a visit but due to time constraints if after 5 attempts we have been unsuccessful, we will relay this back to the school/student to deal with 	
Name of your EMPLOYERS LIABILITY insurance provider: _____	
Cover Amount: £	Policy no: _____ Expiry date: _____
Do you have valid PUBLIC LIABILITY insurance cover?: <input type="checkbox"/> YES - Cover Amount £ <input type="checkbox"/> NO	
Are your premises registered with either of the following?: <input type="checkbox"/> Health & Safety Executive <input type="checkbox"/> Local authority	
Do you have 5 or more employees (inc. Work Experience student)?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES (a): Do you have a written Health & Safety Policy and arrangements?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
(b): Do you have written Risk Assessments?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
(c): Do you have Young Persons Risk Assessments?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you a "One-person business"?: <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 3: Please confirm your offer of a Work Experience placement (a MANAGER or SUPERVISOR should sign below):	
For & on behalf of: (print company) _____	
Signed: _____	Position: _____
Print name: _____	Date: _____
Would you be happy to offer placements to other schools? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Please return the completed form to the Work Experience Co-ordinator at the school