**Holy Triniy School (Your Logo)**

Carlton Road, Barnsley. S71 2LF.

Contact at school: Tel: 01226 704550

**SELF ARRANGED FORM FOR WORK EXPERIENCE**

**Please ask your prospective employer to fill in this form and then return to school.**

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| --- |
| **Name of Student:** |
| **Company Name:** |
| **Company Address:** |
| **Telephone Number: Landline: Mobile:** |
| **Contact Name at the Company to liaise with:** |
| **E-mail:** |
| **Does the company have Employers Liability Insurance? YES No**(please circle)(Self-employed must purchase ELI if the student is not related)**Does the company have Public Liability Insurance? YES No** (please circle)(For PLI the student must be BLOOD related) |

As a representative of this company, I agree to this student undertaking work experience with us from ……………… until ………………… I can confirm that we have up to date Public and Employer Liability insurance in place.

Signature: ……………………………………………………………………………………….

Name: ……………………………………………………………………………………………

Date: ……………………………………………………………………………………………..

Thank you for agreeing to take our student on work experience. A representative from the company **bsafe Consultants** and/or school will be in touch shortly. In the meantime, if you have any questions or need any further information, please do not hesitate to contact ……………………………….. or e-mail …………………………………… at ……………………………………..