

**THE LAKES SCHOOL
WORK EXPERIENCE
6th to 10th JULY 2020
EMPLOYER CONSENT FORM**

Thank you for agreeing to take a Lakes School student for Work Experience. We would be most grateful if you could complete this form and return it to school as soon as possible.

Name of Student _____ Tutor Group _____

Name of Company _____

Address _____

Email _____

Telephone Number _____

Name of person in charge of student _____

Position in Company _____

Type of work to be undertaken by student _____

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- Do you have public liability insurance? YES / NO
 - Do you have employee liability insurance? YES / NO
 - Have you/will you inform your insurance company that a student will be on work experience with you? YES / NO
 - Have you/will you perform an assessment of risk for the student working with you for the week? YES / NO

The company is happy to have a student from The Lakes School for a work placement and we are aware of the health and safety implications of having a young person on our premises for the week.

Signed _____

Name _____

Position
In Company _____

Date _____