

Work shadowing Health and Safety Employer Declaration

Participating School: The Astley Cooper School

School Year: Year 10

In connection with the proposed work shadowing experience of:

..... (student's name) from The Astley Cooper School

It is necessary to confirm some basic information and that your organisation has the relevant insurance cover. Please confirm this by answering the following questions

COMPANY NAME AND ADDRESS	Type of Business
PLACEMENT ADDRESS: (if different from above)	Tel No: Fax No: e-mail address:
Person with responsibility for student during work shadowing: Position in Company Company's competent person for Health and Safety:	

Insurance details*				
	Insurance Company	Certificate/ policy No	Cover amount	Expiry date
Public liability				
Will students be required to travel in company vehicles?				Yes / No
If yes, are they covered by the company's Motor Vehicle Insurance policy?				Yes / No

*It should be ensured that your insurance covers work shadowing activities for pupils of this age.

Details of students program
Do the company's general risk assessments take into account the needs and requirements of young persons (those under 18)? YES / NO

I confirm that this information is correct and that I understand my duty as an employer under the Health & Safety at work Act 1974 to ensure the health and safety of those not in my employ (in this case visitors who are workshadowing pupils)

Print name

Signed

Position

Date.....

This form should be returned no later than Wednesday 30 June to: Dr M Ryde, Careers Leader, The Astley Cooper School, St Agnells Lane, Hemel Hempstead, Hertfordshire, HP2 7HL.