

## 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

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

<b>Insurance details*</b>				
	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.

<b>Details of students program</b>
<b>Do the company's general risk assessments take into account the needs and requirements of young persons (those under 18)?</b> 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 29 June to: Dr M Ryde, Careers Leader, The Astley Cooper School, St Agnells Lane, Hemel Hempstead, Hertfordshire, HP2 7HL.