



BROOKVALE GROBY LEARNING CAMPUS

Valuing Everyone, Achieving Excellence

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Our ref: MCH/JWE

3rd October 2019

Family Placement Form

Student Name: _____

Placement Dates: _____

Company Name: _____

Company Contact Name: _____

Contact Number: _____

Parent/Legally Responsible Person Statement

Being the parent (legally responsible person) for _____ I can confirm that my son/daughter will be attending work experience with the above company for the specified dates. It is understood that _____ will be classed as an employee whilst on work experience and will abide by the legal requirements under the Health & Safety at Work etc Act 1974.

I have provided information to the employer on all known factors that need to be considered by them including, but not necessarily limited to:

- Physical disability
- Visual or hearing impairment
- Epilepsy
- SEN statement/EHC plan
- Any involvement with the Youth Offending Team or Criminal record

and agree to inform the employer if this information is incomplete.

I, the parent (legally responsible person) for _____ have read and take full responsibility for ensuring that the employer has adequate paperwork that covers my son/daughter for the full duration of the work experience including, but not necessarily limited to:

- Employers Risk Management Procedures
- Employers Liability Insurance

(Further information and advice can be found on the HSE website www.hse.gov.uk/youngpeople/workexperience)

I, the parent (legally responsible person) for _____ take full responsibility for my son/daughter whilst they are on their work experience placement and that I have chosen not to take advantage of the self placement service offered by the LEBC on behalf of Brookvale Groby Learning Campus. I acknowledge that I am responsible for any additional costs relating to the placement such as transport costs and DBS checks.

Parent/Legally Responsible person name: _____

Parent/Legally Responsible person Signature: _____ Date: _____