



Diss High School

Headteacher: Dr J Hunt

Organisations' work experience Insurance Form

This form should be given to employers once they have accepted you and offered you a placement. We ask that employers complete and return this form by the **28th March 2018** to the address below. Employers should keep a copy of the form for reference.

Mrs Jane Aiken – 6th Form
Walcot Rd,
Diss IP22 4DH

Name of Student: _____ Date of Work Experience: _____

Role student will undertake: _____

Working days and times

Meal breaks

Clothing required

As **Employer Liability Insurance is mandatory**, could you please complete details:

Name of Insurance Company

Policy No. Expiry Date

I confirm that my company has both Public and Employer Liability Insurance, which cover students for Work Experience/Work Related Learning and have attached a copy of:

1. The ELI certificate
2. A relevant young person's risk assessment (see the example provided)

Name: _____
(Block Capitals)

Signature: _____

Position Held: _____

Date: _____

In case of emergency, please confirm that you have the emergency contact details of the parents or carers of the student.

Name: _____
(Block Capitals)

Signature: _____

For safeguarding purposes, if you have a concern about the welfare of a student, please contact the MASH team on 0344 800 8020

If you have a concern about the behaviour of an adult, please contact the LADO on 01603 223473

In other emergencies please call 999