**WORK EXPERIENCE**

**HEALTH AND SAFETY RISK ASSESSMENT**

**16th – 22nd July 2021**

**Name of Student**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tutor Group**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **House**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO THE PARENT/GUARDIAN**

You are asked to provide details of any health problems which might affect your son/daughter during Work Experience. This information will be given to the employer who will then undertake a risk assessment.

We are obliged to inform you of any significant risks associated with the placement **BEFORE IT BEGINS** and what measures are in place to control these risks. – Please tick below

 My son/daughter has no health problems affecting his/her ability to take the

 placement.

 My son/daughter has a health problem as detailed below.

|  |
| --- |
|  |

I have read the information for parents and give consent for my child to take part in the College’s Work Experience Scheme.

 **Signature of Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ............................................................................................................................................................................

**TO THE EMPLOYER**

**EMPLOYER’S RISK ASSESSMENT**

 Please look at the health details given above and then complete one of the options below:

Option 1: There are no significant risks

Option 2:**Please attach a Risk Assessment or complete below**

|  |  |
| --- | --- |
| **Risk****Risks**  | **Control measures in place**Please continue overleaf if necessary**. Please sign overleaf****Control measures in place** |

Employer’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to Mrs. N.Young at Sidmouth College as soon as possible. The information will then be passed on to the parents.