To be completed by the Applicant if she/he is 18 years of age or above or Applicant’s parent or legal guardian if not. To be accompanied by a CV and covering letter written by the Applicant.

**Name of Applicant:**

**Address:**

**Age of Applicant (at time of placement):**

**School Year/Year of Study:**

**Subject hoping to study/Degree scheme:**

**Availability for placement:**

**Name of Parent/Guardian:**

**Address:**

**Telephone and Mobile No:**

**Email:**

**Name and Address of School Attended/Attending:**

**Contact Name and Position:**

**Telephone No:**

**Email:**

**Please read the following carefully and delete as appropriate before signing**

As Applicant / the parent or guardian of the above named person I agree to them undertaking a placement at Phoenix Homes Colchester (PHC). I confirm that I have read the whole of this form. I understand that the Applicant must obey the Departmental Health and Safety procedures and rules at all times as failure to do so will result in the placement being terminated. I understand that I can request a copy of the completed risk assessment overleaf, should I wish to see it before the placement takes place. I accept that in accordance with PHC policy, the student may come into contact with clients and/or people who are not required to undergo checks from the Disclosure and Barring Service (DBS).

* *I confirm that I / my son/daughter does not have a medical condition that could result in unnecessary risk to my/his/her health and safety, or to the safety of another person.*
* *I / My son/daughter has the following medical condition(s) and I wish to inform the employer before the work experience placement begins (please provide details below):*

Signed:

Name:

Date:

**To be completed by the Applicant’s School/HE representative:**

The student will be fully covered by the charity’s employer and public liability policies. However, should damage caused by the student result in a cost being incurred by the charity, we ask that the Applicant is covered by the School/HE insurance policy whilst outside school and under the supervision of an adult other than a member of the teaching staff.

As a representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I confirm that the named Applicant is covered by our policy whilst outside school and under the supervision of an adult other than a member of the teaching staff.

Signed:

Name (please print):

Position:

Date:

**To be completed by the employer (retain a copy for your records):**

Point of contact: Tania Munro, Chief Executive

Tel: 01206 561767

Travel arrangements: Public transport or own arrangements

Lunch arrangements: Own arrangements

Appropriate clothing: Business appropriate clothing and footwear

Days and hours to be worked:

Main tasks of placement:

Necessary qualities to perform the task of the placement:

**Risk Assessment**

PHC have completed a general and specific risk assessment taking into account the potential lack of experience, awareness and maturity of work experience students.

The student will be exposed to the following risks whilst on work experience:

The precautionary measures PHC will take are as follows:

Signed by supervisor:

Name of Supervisor (please print):

Position:

Date: