



CARDINAL HEENAN
CATHOLIC HIGH SCHOOL
Putting Our Faith in Education



Dear Employer

Thank you for agreeing to host our student on work experience in **July 2025**

The continued support of employers provides rewarding world of work opportunities for young people and enables them to explore career options whilst developing a range of employability skills. If you are unable to host a work placement for one or two weeks, perhaps you would kindly consider providing a young person with an experience of 2-3 days as an alternative.

Work Placement Process:

- Upon completion of this form by you/the employer, the student will return the form to school.
- School will contact you as the hosting employer to verify that all details that have been provided are correct including the address of where the student will be working and where they will complete the majority of their placement. Verifying with you that you are happy to be contacted to conduct a young person risk assessment and that you have the necessary documentation required or that it will be in place in time for the student's placement.
- The school will forward the details you have provided to Xperience (work placement organizer) who are contracted to work on school's behalf and they will support you as the employer to carry out a Young Person's Risk Assessment to ensure all parties are fully prepared for the work placement.
- Xperience will contact you to discuss an appointment to visit at a mutually agreed date/time – this may be closer to the placement start date particularly during the peak summer term period.
- At the appointment, the consultant will discuss your company's health and safety policies and procedures and would need to see evidence of the documents particularly if you have 5 or more employees. In addition, to see evidence of your employer's liability insurance* and will put together a generic job description for the purposes of work experience.
***Employer's Liability Insurance is required to be held by the employer for the placement to be confirmed. Please ensure you hold or are willing to take out Employer's Liability Insurance to cover the student for the entirety of their placement. Work experience students are NOT covered under Public Liability Insurance.**
- The appointment should take no longer than 30-40 minutes of your time on average.
- Xperience will provide you with written confirmation of the placement along with a copy of the young person risk assessment and job description providing all the necessary information has been provided.
- If essential information is not available/provided to Xperience prior to the placement start date, then Xperience or school cannot authorise the work placement to go ahead within your organisation.

By completing this form and agreeing to host a young person on work experience you are agreeing to a young person risk assessment to be conducted at your organisation for the purposes of work experience by Xperience.

Should you require any further information ahead of completing this form please contact **Mr Gaffey-kg@cardinalheenan.com**

**WORK EXPERIENCE 24-25
REQUEST FOR A HEALTH & SAFETY VISIT**

Company / Placement Details (to be completed by the company and returned to School)

COMPANY NAME:	
Trading name if different: _____	
Address: _____	
Postcode: _____	
Will student be working at the above address? YES / NO*	
If 'NO', please provide details / address where student will be working: _____ _____	
Business Type / Industry: _____	Type/s of tasks student will be doing: _____
EMPLOYER'S LIABILITY INSURANCE INFORMATION:	
Employer's Liability Insurance is required to be held by the employer in order for the placement to be confirmed. Please ensure you hold or are willing to take out Employer's Liability Insurance to cover the student for the entirety of their placement. Work experience students are NOT covered under Public Liability Insurance.	
Insurance Company Name: _____	
Policy Number: _____	Employers Liability Expiry Date: _____
Will this company take / consider future students in addition to the one below? YES / NO*	
Contact Name: _____	Position: _____
Telephone: _____	Email: _____
Person (& position) responsible for the student, if different from above: _____	
Signature: _____ <p style="text-align: center;"><i>(PLEASE SIGN ABOVE)</i></p>	
By signing I agree to a health and safety visit at my company premises. I consent that my company details will be held on Bradford Council's Employment & Skills CRM for the purposes of work experience and other work related learning purposes.	
Data Protection Act 2018: Bradford Council is fully committed to full compliance with the requirements of the General Data Protection Regulation and the Data Protection Act 2018. To learn more about how we use your information, go to www.bradford.gov.uk/privacy-notice	

Student Details (to be completed by the student/school)

Student Name: _____	Form: _____
School: _____	Age of student at time of placement: _____
Start Date: _____	End Date _____
Work pattern (e.g. one day / one week / two weeks) _____	
HEALTH/MEDICAL CONDITIONS OR SPECIAL REQUIREMENTS RELEVANT TO THE PLACEMENT: _____ _____	
Student must inform employer of any relevant health/medical/special needs so that reasonable adjustments can be made. Have any relevant details been discussed with the employer: YES / NO / Not Applicable*	
* Please delete where applicable	