

**Work Experience 2025 – to be completed by the Employer**

Please complete and return to Penny Hudson, Hurworth School, Croft Road, Darlington. DL2 2JG or email to phudson@hurworth.nalp.org.uk An electronic version of this form can be obtained on request from the email address above.

Student Name:

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| --- |
| **Employer details** |
| Name of employer |   |
| Address |  |
| Contact Name |  |
| Contact Tel Number |  |
| Contact email address |  |
| Nature of business |  |
| Name of pupil undertaking placement |  |

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| **Employers Liability Insurance Details** |
| Insurers Name |  |
| Expiry Date |  |
| Policy Number |  |
| **Public Liability Insurance Details: If held** |
| Insurers Name |  |
| Expiry Date |  |
| Policy Number |  |

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| --- | --- | --- |
| **For school use only**Date recd | Date processed | Checks made |

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| Information to be shared with pupil before starting their placement |
| Area of work |  |
| Who should the pupil report to on their first day? |  |
| Where should they go on their first day? |  |
| Does the pupil need to visit before starting their placement? |  |
| Dress code | * Smart
* Casual
* Old clothes
* Uniform d
* Other (please give details)
 |
|  S HHours of work : | Tuesday 6th May 2025 |
| Wednesday 7th May 2025 |
| Thursday 8th May 2025  |
| Friday 9th May 2025 |
| Lunch arrangementsEg. Bring packed lunch, eat in staff canteen, buy lunch from local shops. | . |
| Safety equipment the pupil needs to bring eg. safety boots |  |
| What are the main duties the pupil will be undertaking? |  |
| Named person undertaking H & S Risk Assessment with student | . |

Name of person completing this form:

Position held:

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