



Year 9 Work Shadowing Event Placement Agreement Form

Please return this document to the **school office** before Friday 1 November 2019

School Name	Ashlyns School	Date of work shadowing	14/11/2019
School Contact name	David Ritchie	School contact number	01442 863605

TO BE COMPLETED BY PARENT			
Name of student			
Date of Birth		Form	
Name and address of work shadowing placement			
Name of contact		Position	
Contact number		Mobile number	
Fax number		Email address	

TO BE COMPLETED BY EMPLOYER			
Position being shadowed			
Please detail the nature and type of work			
Employer's Insurance checklist Please indicate that you hold the relevant up to date insurance cover by completing the section below. We must stress that only those employers with Public and Employers Liability Insurance will be used for this work shadowing programme.			
EMPLOYER'S LIABILITY INSURANCE (if available) or assurance that a risk assessment will be carried out			
Company			
Policy number		Expiry date	
PUBLIC LIABILITY INSURANCE (if available) or assurance that a risk assessment will be carried out			
Company			
Policy number		Expiry date	