



## Year 8 Work Shadowing Event Placement Agreement Form

Please return this document to the **school office** before Friday 28 February 2020

School Name	Ashlyns School	Date of work shadowing	11/03/2020
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	
Please tick the relevant box to indicate whether you hold up-to-date insurance cover or if a Young Persons Risk Assessment will be in place	<input type="checkbox"/> Young Persons Risk Assessment
	<input type="checkbox"/> Insurance (complete details below)

EMPLOYER'S LIABILITY INSURANCE (if available)			
Company			
Policy number		Expiry date	
PUBLIC LIABILITY INSURANCE (if available)			
Company			
Policy number		Expiry date	