

**PRE 16 - WORK EXPERIENCE 18-19
REQUEST FOR A HEALTH & SAFETY VISIT**

Form OP1
Cross Boundary
CBF1

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

Company:	Contact:	
Address:	Position:	
	Signature:	
Postcode:	By signing I agree to a health and safety visit being made and I consent to my company details being held on the Xperience database for the purposes of work experience and work related learning activity.	
Telephone:	Fax:	E-mail:
Type of work student will be doing:		
NO PLACEMENT CAN PROCEED WITHOUT EMPLOYERS LIABILITY INSURANCE		
Employers Liability Insurance Company:		
Employers Liability Insurance Policy Number:		
Employers Liability Expiry date:		
Will this company take future students in addition to the one below? Y / N		

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

Student Name:		
Immanuel College		
Start Date: 8/7/19	End Date:12/7/19	
Duration:	1 week	Other
HEALTH/MEDICAL CONDITIONS OR SUPPORT REQUIREMENTS WHICH MAY AFFECT THE STUDENT IN THE WORK PLACE:		
IS THIS STUDENT CONSIDERED TO BE VULNERABLE? YES / NO *		
* Please delete where applicable.		

School Details (to be completed by the school)

WHO WILL BE RESPONSIBLE FOR VISITING & MONITORING THE STUDENT DURING THE PLACEMENT?	
Name:	Position:
Telephone:	Email:
DECLARATION	
I can confirm that this company is not available on the database.	
The company has been contacted by school to ensure the above information is correct and is willing to take the student and understands a pre-placement vetting visit will be made. I understand that there will be a charge of £35 to school for companies unwilling to go on the database and offer future placements.	
Name in Capitals:	Date:
Signed:	
Work Experience Team	Tel: 01274 439600
xperience@bradford.gov.uk	