

STATEMENT OF RISK ASSESSMENT AND CONTROL MEASURES

(To be completed by employer)

This form must be completed and returned to North Leamington School Sixth Form
Students and parents need to be aware of the risks involved and how to control them in a work place.
This form must be signed by the student, the employer and parent/carer

IMPORTANT – North Leamington School is registered under the Data Protection Act for holding personal data and has a duty to protect the information and keep it up to date. Please refer to the NLS Privacy notice on the website for more details. www.northleamingtonschool.warwickshire.sch.uk

Name of Student: Tutor Group.....

Name of Company

Name of Contact

Dates of work experience

Copy of Employer Liability Insurance attached or reference.....

Type of work on the placement undertaken by student

Risks to be aware of

Measures to be taken to minimise these risks.

EmployerDate

Name

By signing you are agreeing to provide the student with a risk assessment and Health and Safety Induction at the start of the placement

StudentDate

Parent/Carer.....Date

Name of Parent/Carer.....Date.....

To be returned via the student to sixthform@northleamington.co.uk along with a copy of the Employer's Liability Insurance document