

The Latimer Arts College



EMPLOYER'S CONSENT FORM – 'TAKE YOUR CHILD TO WORK DAY'

Name of Student:

Tutor Group:

Name of Company.....

Address of Company.....

.....

.....

Contact name at the Company.....

Telephone number of Company.....

Contact email address at the Company.....

Public Liability Insurer and Policy Number.....

We confirm that the Student entering our Company from The Latimer Arts College will be carrying out work shadowing/work observation activities only. As a Company the following policies/procedures will be in place to ensure the health, safety and welfare of the Student:

- Public Liability insurance.
- Employers Liability insurance.
- The plan of the day is appropriate and supervision of the Student adequate.
- Students will not have unsupervised access to people who are debarred from working with young people.
- There will be a health and safety briefing on the premises or site and any personal protective equipment is provided, if this is appropriate.

Signature of the Employer.....

Date.....

Position

PLEASE COMPLETE AND RETURN TO STUDENT SERVICES BY

23 November 2018