

## Work Experience Application

(to be completed by sponsoring body)

1. Name of sponsoring body:
2. Address:
3. Name of authorised official:
4. Name and age of pupil:
5. Proposed period of work experience:
6. Proposed department for work experience:
7. Why do you believe this pupil is suitable for work experience in the department requested:
8. Do you consider this pupil a responsible individual? Yes/No
9. Has any formal disciplinary action been taken against this pupil in the last two years?  
Yes/No

If yes, please give details:

10. Does this pupil suffer from any condition that might create a hazard either to him/herself or to those working with him/her (e.g. epilepsy, blackouts or any contagious disease)? Yes/No

If yes, please give details:

11. Is this a catering-related placement? Yes/No

If yes, the applicant must also complete the 'Food Handler Form'. Work experience must not start until approval has been issued by the University's Occupational Health Adviser.

12. Subject to the answers supplied to the questions above, The University of Reading will provide, free of charge, training facilities or instruction for the pupil shown above to such extent and upon such terms as may be agreed, provided that the University shall not be under any binding legal obligation to provide such training. In consideration of the above the sponsoring body agrees to indemnify The University of Reading against all claims, costs or expenses incurred through the acts or omissions of the sponsoring body, its servants, agents or pupils arising from the provision of training facilities or instruction for the said pupil PROVIDED that the sponsoring body shall not be liable for any such claims costs or expenses which arise as a result of any negligence or wrongful act of the University, its servants or agents or by reason of their failure to fulfil any statutory requirements or by the failure of the University to provide proper supervision or a safe system of working.

13. Are students/school insured for personal accident? Yes/No

Signed:

Position:

Date: