

**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/guardian**

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](http://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
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Risks to be aware of
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Measures to be taken to minimise these risks.
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Employer .....Date .....

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

Student .....Date .....

Parent/Guardian.....Date .....

Name of Parent/Guardian.....Date.....

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