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| **WORK PLACEMENT - AUTHORISATION FORM** |
| **Name of Placement** |  |
| **Date of Placement**  | **From** |  | **To**  |  |
| **School/Department** |  |
| **Please tick one option :** |
| **We are willing to accept the above named for work placement** |  |
| **We are unable at this time to accept this work placement** |  |
| **If yes which member of staff will they be responsible to :** |
| **Authorised by (Print Name)** |  |
| **Signed** |  |
| **Date** |  |
| **PLEASE NOTE:** Where a College or Central Department chooses to accept children on work experience it is essential that the relevant Head of College or Central Department undertakes a risk assessment and establishes local arrangements to ensure the requirements of the risk assessment and this Policy are met.Anyone organising such an event should consult the University’s Child Protection Policy and the Health and Safety Policy Note: Young Persons at Workfor further guidance. |
| **Please return to:****E-mail:** | Jamie Herbertpth23tpg@bangor.ac.uk |