

WORK PLACEMENT - AUTHORISATION FORM

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Name of Placement						
Date of Placement	From			То		
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 Work for further guidance.						
Please return to	Prifysg Bryn A Ffordd Bangoi	dau Dynol ol Bangor	ac.uk			