Application for Work Experience

Royal Holloway University of London

Department of Electronic Engineering

Shilling Building

Egham, Surrey

TW20 0EX

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| --- | --- |
| Students Name: |  |
| Students Age: |  |
| School : |  |
| Address: |  |
|  |  |
|  |  |
|  |  |
| School Contact: |  |
| Telephone Number: |  |

|  |  |
| --- | --- |
| Emergency Contact: (name) |  |
| Telephone Number: |  |

|  |  |
| --- | --- |
| Start Date: |  |
| Length of work experience: |  |

|  |  |
| --- | --- |
| Type of Work/project required: |  |
|  | (please attach details of the expected outcome from the visit) |
| Will the work be presented to peers on return to school? |  |
| Materials required. |  |
|  | (Attach a list of any specific materials/components you might require). |

|  |  |
| --- | --- |
| Health and Safety Policy | Supplied on arrival |
| Health and Safety Induction | On first day |
| Risk Assessments | As required |
| Accidents and Incidents | Reported to supervisor |
| Employer & Public Liability Insurance | HDI Global SE |
| Policy number | 76577204-30021 |
| Current expiry date | 31/7/23 |

|  |  |
| --- | --- |
| Department Contact: | Lisa Fell – Technical Operations Manager |
| Telephone Number: | 01784-414004 |
| Work experience Supervisor: | Dr Steve Alty |

Signed: School representative

(If out of term parental consent must be provided)

Date: