

This form must be signed by the employer, student and parent/carer

**STATEMENT OF RISK ASSESSMENT AND CONTROL MEASURES  
(To be completed by employer)**

5b

Name of Student:  Tutor Group:

Name of Company:

Contact Person:

Dates of work experience: **6<sup>th</sup> July – 10<sup>th</sup> July 2020 Inclusive**

Type of work on the placement undertaken by student:

Risks to be aware of:

Measures to be taken to minimise these risks:

Employer ..... Date .....  
Student ..... Date .....  
Parent ..... Date .....