

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: Mon 6th July – 10th 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