



# Work Experience Application Form

Sections 1 and 2 of the form should be completed and submitted to the Work Experience Team as soon as possible and at the latest by the last working day of the calendar year, for all placements during the following year. Sections 3 & 4 must be completed and submitted no later than 4 weeks prior to the requested placement. Electronic application forms are preferable where possible.

Work Experience Team  
RAF Benson  
Wallingford  
Oxfordshire  
OX10 6AA

Email: [BEN-YouthEngagement@mod.gov.uk](mailto:BEN-YouthEngagement@mod.gov.uk)

## **Guidance for completing the application form**

Section 1 must be completed by all students. All parts must be completed. Particular attention should be paid to the writing question at the start of this section.

Section 2 must be completed by all parents/guardians. All parts must be completed. The form must be signed at both part 2 and part 3 (if applicable).

Section 3 must be completed by all schools/colleges. All parts must be completed. The form must be signed.

Section 4 must be completed by all schools/colleges where the student is in Year 12 or 13 or equivalent. If applicable to the student, the form must be signed and witnessed.

If any required section is incomplete, the form will be returned. Submitting an application form is not a guarantee of a placement on the work experience programme at RAF Benson. Applications should receive a response within 14 days.

Further guidance is available from the Work Experience Team if required.

**SECTION 1: TO BE COMPLETED BY THE STUDENT**

**Why do you wish to undertake a work experience placement at RAF Benson?**

**Please include any specific areas of interest, how you feel the placement will help you in the future, and any career aspirations (if you have them).**

**(Min 250 words)**

<b>Full Name</b>							
<b>Postal Address</b>							
<b>Date of Birth</b>							
<b>Telephone Number (Mobile or Landline)</b>							
<b>Contact Email Address</b>							
<b>Name of School or College</b>							
<b>School/College Contact Details:</b>  <b>Name</b> <b>Role</b> <b>Telephone No.</b> <b>Email Address</b>							
<b>Placement Dates Requested:</b> Please tick	GCSE Work Ex, 22-26 Apr 2024						
	A Level Work Ex, 8-12 Jul 2024						
<b>Which trades/roles are you most interested in?</b> Please rank your top 10 trades/jobs in order of preference, with 1 being your favourite and 10 being your least favourite.							
<b>Air Traffic Control</b>		<b>Firefighting</b>		<b>Engineering</b>		<b>Physical Education</b>	
<b>Regiment</b>		<b>Catering</b>		<b>Administration / HR</b>		<b>Driving</b>	
		<b>Photography</b>		<b>Pilot/Crewman</b>			
<b>Other</b>	If there are other trades/roles you are interested in, please include them here:						
<b>Signature</b>							
<b>Date</b>							

SECTION 2: TO BE COMPLETED BY PARENT/GUARDIAN	
<b>PART 1: CONTACT DETAILS</b>	
<b>Parent/Guardian Full Name</b>	
<b>Address (if different to student's address)</b>	
<b>Telephone No.</b>	
<b>Email Address</b>	
<b>Please confirm the Next of Kin for the Student</b>	Name: Relationship: Address: Emergency Telephone No.:
<b>Medical Conditions</b>	My child has the following medical condition(s):  My child's medical condition(s) require the following treatment(s):
<b>PART 2: ACCEPTANCE OF RISK ASSESSMENT</b>	
I consent to my child _____ (insert child's name) undertaking a work experience placement at RAF Benson.  I have fully read and accept the risk assessments provided by RAF Benson.	
<b>Signature</b>	
<b>Date</b>	
<b>Full Name</b>	
<b>Relationship to student</b>	
<b>PART 3: PERMISSION FOR A FLIGHT EXPERIENCE</b>	
I give permission for my child to undertake an air experience flight in a Puma or Chinook helicopter should the opportunity arise during the placement. I understand that my child may refuse to undertake the air experience flight if they wish. Air Experience Flights are subject to availability and operational limitations at the time and are <u>in no way guaranteed</u> as part of Work Experience placements.  <b>NB: DO NOT sign below if you do not give permission for an air experience flight.</b>	
<b>Signature</b>	
<b>Date</b>	

SECTION 3: TO BE COMPLETED BY THE SCHOOL	
<b>School Name</b>	
<b>School Address</b>	
<b>Primary Point of Contact</b>	
<b>Additional Point of Contact</b>	
<b>Telephone No.</b>	
<b>Email Address</b>	
<p>The school consents to our student _____ (insert child's name) undertaking a work experience placement at RAF Benson.</p> <p>The school consent to the above named student being absent from school from _____ to _____ (insert placement dates) in order to undertake the work experience placement.</p> <p>The school has fully read and accepted the risk assessments provided by RAF Benson.</p> <p>The school will advise RAF Benson immediately if the student is suspended or expelled.</p>	
<b>Signature</b>	
<b>Date</b>	
<b>Full Name</b>	
<b>Position</b>	

## SECTION 4: FORM OF INDEMNITY

### TO BE COMPLETED BY THE SCHOOL IF THE STUDENT IS IN YEAR 12 OR 13

a. IN CONSIDERATION of the Secretary of State for Defence (hereinafter called “the Secretary of State”) agreeing to provide Work Experience for (students name)

.....  
of (school/ college/ careers organisation)

.....  
(hereinafter called “the Authority”)

hereby agrees to:

i. That if any servant or agent of the Crown shall suffer sickness or personal injury (including injury resulting in death) by reason of or arising out of or in any way connected with the performance of this agreement the Authority will fully and effectively indemnify the Crown in respect of:

ii. All sums payable to that servant or agent or any dependant, relative or representative of his or hers by way of pension, gratuity or other compensation (other than retired pay, pension or gratuity to which the servant or agent may be entitled by reason of the length of time for which he or she served as a servant or agent of the Crown) or by way of pay or allowances payable to him or her during any period of absence from duty as a result of the sickness or injury,

iii. The costs and expenses of any hospital or medical treatment afforded to him or her on account of such sickness or injury, including any medical care or repatriation costs, and

iv. Any funeral expenses incurred as a result of the death of a servant or agent.

PROVIDED that if the Secretary of State elects the indemnity under (i) above shall be deemed to be satisfied by the payment by the Authority to the Secretary of State of a capital sum determined by the Government Actuary.

b. That if any property of the Crown or of any servant of the Crown or any other property which, at the discretion of the Crown, falls to be replaced at the public expense, is lost or damaged and such loss or damage occurs by reason of this agreement the Authority will repay the Crown, as it may require, either the cost of replacement or repair, whichever is the less.

c. That the Authority will fully and effectively indemnify the Crown and any servant or agent of the Crown against all liabilities, claims, actions, proceedings, demands, costs, charges or expenses which may be incurred by or made against the Crown or any servant or agent of the Crown in respect of sickness or personal injury (including injury resulting in death) or loss of or damage to any property by reason of or arising out of or in any way connected with the performance of this agreement.

d. That the Authority will indemnify the Crown against all payments made by the Crown of sums paid to its servants or agents for the purpose of indemnifying them against any such liabilities, claims, actions, proceedings, demands, costs, charges and expenses as are referred to in sub-paragraph “c” above.

e. That the Authority will not make against the Crown or any servant or agent of the Crown any claim in respect of loss or damage to property from whatever cause sustained by the Authority (or by any person employed by the Authority or for whom the Authority is responsible) by reason of or arising out of or in any way connected with the performance of this agreement.

f. To effect with an Insurance Company or Companies a policy or policies of insurance covering all the matters which are the subject of the indemnities and undertakings herein and

contained in the sum of £2,000,000 (two Million Pounds) at least in respect of any one incident and unlimited in total, and ensure that the said policy or policies are endorsed as follows:

‘It is hereby declared and agreed that notwithstanding anything contained in this policy or in any memorandum, condition or schedule attached to or forming part of this policy, this policy covers all the sums within the total sum assured which the insured shall become liable to pay under an undertaking to the Crown a copy of which undertaking is set out at the foot hereof’ provided always that nothing in this paragraph shall be construed as limiting or affecting in any way the Authority’s liability under any of the said indemnities or undertakings.’

g. To assign to the Crown all sums hereafter to become due under the said policy or policies and to ensure that the interest of the Crown therein is duly noted by the insurer or insurers.

h. To duly pay the premium or premiums payable in respect of the said policy or policies and to produce the policy or policies and receipt or receipts for the premiums for inspection whenever so required by or on behalf of the Secretary of State.

This indemnity will not apply to such liabilities etc, which have been established to have been due to the negligence of the Secretary of State or any servant or agent of the Secretary of State.

Signed.....

for and on behalf of.....

Position.....

Dated.....

Witnessed.....

Address.....

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