

Form for use by Project Providers to inform their insurers

**Nuffield Foundation Science Bursaries for Schools and Colleges –
Notification of Risk**

Name and address of company/organisation hosting the placement:

The above named insured hereby notifies its insurer of planned activities involving a student on placement in this company/organisation. Details are submitted below. As this placement exceeds two weeks changes may be required to the following policy(ies) held with you by this organisation. See Health & Safety and Insurance leaflet.

Please confirm that the risks are covered sine die, and provide notification of any adjustment to premium.

Policy Number: **Policy:**

Employer's liability, Public Liability, Material Damage, Other (please specify)

Student Name: **Date of Birth:**

Placement Dates: *(Give the full range of weeks allowing for possible extension to this project)*

Activity to be undertaken by student:

Notice of particular hazard:

Signed for the Insured (the Employing Company/Organisation providing the placement)

Name:
(please print)

Position in the
organisation:

Signature: Date:



The following organisation (the insurers) hereby confirm that it has acted upon the instructions:

Issued by:
(Employer's name)

In respect of:
(Student's name(s))

In the matter of:
(Policy Number)

Name:
(Please print)

Signed:

For: *(Name of insurance company)*

Date:

Please return to:

Nuffield Co-ordinator
create a future
Cradley Enterprise Centre
Maypole Fields
Halesowen
B63 2QB Tel 0121 602 1772