



# 7 Steps to Arranging Work Experience

July 1st – July 19<sup>th</sup> 2019

Supported by  **nybep**





# 7 (Easy!) Steps.....



**WORK  
EXPERIENCE**



# 7 Steps to Work Placement...



## Do your research (October 2018)

1

Ask family and friends for contacts in a business or vocational field you are interested in.

READ THE HANDBOOK!

2

If you need inspiration, log into the NYBEP work experience website to access the data base of past employers



[www.nybep.work-experience.co.uk](http://www.nybep.work-experience.co.uk)

# 7 Steps to Work Placement



## Make Contact (October - November 2018)

3

Call or email the business or organisation to check you have the correct contact.

Ask to speak to them and then explain your interest and why you are calling; to request a 1 week placement, giving your preferred dates.

If they are not available, or you feel more comfortable, ask for their email address (see example 'Introductory Email' in the Work Experience handbook)

Repeat Steps 1, 2 and 3 if they cannot help you.

If you do not receive a reply within 10 working days, follow up with a second phone call or email.



# 7 Steps to Work Placement...



## Check the details (November - December 2018)



Fill out all the details on the Placement Form.

Visit the employer to introduce yourself and thank them for the opportunity. Confirm hours/dress code/lunch etc

Ask them to sign the form and complete their Employers Liability Insurance Policy details

### WORK EXPERIENCE PLACEMENT FORM (Deadline for completion 19<sup>th</sup> December 2018)

|  |   |
|--|---|
| <b>STUDENT DETAILS</b>   |   |
| STUDENT NAME .....   | WEX DATE: ..... to .....                      |
| STUDENT EMAIL .....  | (please print clearly)                        |
| DATE OF BIRTH .....  | GENDER: M / F    YEAR ..... TUTOR GROUP ..... |
| I agree to participate in the work experience scheme and confirm that I have read and understood the form. I will not disclose any information confidential to the employer, which I obtain during this period of work experience. I will obey all safety security and other instructions given by the employer. |   |
| Do you suffer from:    Migraines YES/NO    Epilepsy YES / NO    Diabetes YES / NO    Asthma YES / NO   |   |
| Hearing problems: YES/NO    Mobility problems YES / NO    Allergies YES / NO   |   |
| Any other medical ailment or illness: .....  |   |
| Student signature: .....   | .....   |

|   |                                 |  |
|---|---------------------------------|--|
| <b>EMPLOYER DETAILS</b>                                 |                                 |  |
| COMPANY NAME .....                                      | CONTACT NAME & JOB TITLE .....  |  |
| ADDRESS .....   | POSTCODE .....                  |  |
| TELEPHONE NO. ....                                      | MOBILE NO. ....                 |  |
| EMAIL .....   | WORK EXPERIENCE JOB TITLE ..... |  |
| BRIEF DESCRIPTION OF TASKS / ROLE .....                 |                                 |  |
| DRESS CODE / UNIFORM or SAFETY CLOTHING PROVISION ..... |                                 |  |
| DAYS OF WORK .....                                      |                                 | HOURS: From ..... To .....                                     |
| Lunch Details (if appropriate) .....                    |                                 | Is this placement exclusively with one member of staff? YES/NO |

|   |       |
|---|-------|
| <b>PARENTAL CONSENT</b>   |       |
| As parent/guardian of the above I confirm/understand that:  |       |
| • I have read the placement details, am willing for her/him to participate in work experience with the employer for the agreed time period and acknowledge that they adhere to company policies for confidentiality and safety agreement which they have signed above |       |
| • this placement will now be formally registered with NYSEP generating a Risk Assessment for each placement and that my £20 contribution towards the assessment cost is non-refundable.   |       |
| • a Risk Assessment will be sent by email from school to both student and parent before the start of the placement and acknowledgement of receipt will be required.   |       |
| • my son/daughter is medically fit to undertake the placement and she does not suffer from any medical condition which could result in unnecessary risk to her/his health and safety, and/or that of the other people in the workplace.                               |       |
| Signed: .....   | ..... |
| Name: (please print)  | ..... |
| Email: (please write clearly including your/their case, date and contact number)  | ..... |
| Date:   | ..... |

NB ENSURE THE EMPLOYER HAS CHECKED ALL DETAILS & SIGNED THE EMPLOYER'S CONSENT OVERLEAF

# 7 Steps to Work Placement...



## Return the Form to Careers (December 2018)

5

Return your FULLY completed Work Experience Placement Form (with all 3 signatures AND the correct, confirmed dates of your placement) to Mrs Farrar in Careers who will register your placement with NYBEP



6

Relax and wait....for NYBEP carry out the Risk Assessment for your specific placement



# 7 Steps to Work Placement...



## Check your Contract (April 2019 – June 2019)

- 7** Receive your Placement Contract - via your register and also sent by email to your parents. Check through all the details with your parents and ask them to reply to the email giving their final confirmation for the placement to go ahead.





# Key Dates

- **Friday 19th October 2018** – Deadline for return of signed Work Experience Consent slips
- **Wednesday 19<sup>th</sup> December 2018** - Deadline to confirm a placement with an employer and return the Placement Form to the Careers Department
- **1<sup>st</sup> – 19<sup>th</sup> July 2018** - work experience takes place





## Don't forget.....

- Ardèche trip 1: 4<sup>th</sup> - 12<sup>th</sup> July
- Ardèche trip 2: 11<sup>th</sup> – 19th July

Please keep these dates in mind when organising your week of work experience!

