

WORK EXPERIENCE PLACEMENT FORM (Deadline for completion 18th December 2019)

1. STUDENT DETAILS

STUDENT NAME **WEX DATES**/...../..... 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:

2. EMPLOYMENT DETAILS

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

3. PARENTAL CONSENT

As parent/guardian of the student I confirm/understand that:

- I have read the placement details, am willing for him/her to participate in work experience with the employer for the agreed time period and will ensure that they adhere to company policies for confidentiality and safety agreement which they have signed above
- this placement will now be formally registered with NYBEP 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 s/he does not suffer from any medical condition which could result in unnecessary risk to his/her health and safety, and/or that of the other people in the workplace.

Signed:

Name: (please print)

Email: (please write clearly emphasising lower/upper case, dots and underscores etc)

Date:

LETTER OF UNDERSTANDING FOR THE EMPLOYER PROVIDING A WORK EXPERIENCE PLACEMENT

The student will carry out meaningful work, as described in the agreed job description overleaf. The employer will ensure that a responsible person plans the work and the student will receive appropriate instruction/supervision throughout the placement.

The employer understands that the student is to be treated as an employee with respect to Health and Safety legislation. The employer will ensure that the student does not operate any hazardous machinery, or carry out work of an unsuitable nature, and that any protective clothing/equipment is supplied when necessary with appropriate instruction for its use. Any animals that may cause harm to a student must be appropriately restrained.

The employer understands his/her duty of care to the student on the placement, particularly in respect of the principles described in the Child Protection Guidance. The employer also understands that any staff members disqualified from working with children should be disclosed, as appropriate, in accordance with The Criminal Justice and Court Services Act 2000.

The employer understands that s/he must carry out a risk assessment of the placement and this must be communicated to the parent/carer of the student who is to undertake the placement, before the placement commences. The employer also undertakes to monitor the placement in the light of the student's capabilities and to modify the risk assessment if necessary.

The employer will arrange for Employers' Liability Insurance, Public Liability Insurance and vehicle insurance, as appropriate, and will confirm that the student on the work experience placement is covered by the appropriate policies. The employer will accept, or insure against liability for loss, damage or injury caused to or by the student, while on the placement, just as for paid employees. The employer will notify their insurer of the student's participation in work experience.

The employer will observe the relevant legislation laid down in the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, the Sex Discrimination Act 1975, and the Race Relations Act 1976.

In case of student absence, accident or sickness, the employer will immediately notify the school. The student will be allowed to use whatever first aid facilities the employer provides.

The employer will allow representatives from St Aidan's CE High School to visit during the placement for monitoring purposes. The employer also gives permission for St Aidan's or its representatives to process employer personal details for the purposes of work experience and Education Business Link Activities, in accordance with the Data Protection Act 1998. Student's personal details are confidential and should be safeguarded in accordance with the Data Protection Act 1998.

The student will work the hours shown overleaf on the agreed job description. These must conform with employment regulations as they apply to Young Persons. The student will not receive any payments for this work in accordance with the Education (Work Experience) Act 1973. The employer may choose to make a contribution directly to the student towards the cost of meals and travelling. Details of any such remuneration will be included in the job description overleaf.

The student agrees that he/she will not disclose any information confidential to the employer and will obey all safety, security and other instructions given by the employer. The student has signed the declaration overleaf, agreeing to these terms and their parent/carer will ensure that the student adheres to this agreement. The parent/carer will confirm that the student is not suffering from any complaint, which may cause a hazard either to themselves or those working with him/her. The school will advise the employer of any known details concerning the student, which may require special attention to ensure a successful placement.

4. EMPLOYER CONSENT (please fill out all details)

COMPANY NAME..... WORK EXPERIENCE JOB TITLE.....

As a representative of the above employer, I have checked all placement details overleaf and agree to (full name of student)

.....working on company premises in accordance with this Letter of Understanding.

I acknowledge my responsibilities under the Health & Safety at Work Act and will consider the student's age and inexperience when agreeing tasks relevant to their job title. I understand that the student must not undertake prohibited activities.

I also sign to confirm that:

- I have **employers' and public** liability insurance (ELI & PLI) and checked the student will be included under the cover
- I am willing to produce this certificate for the H&S visitor if necessary
- I agree to a health & safety check if needed

Company Employer's Liability Insurance Details	Insurer Name: Policy No:	ELI Expiry Date	
Signed		Date	
Name (Print)		Position	