

WORK EXPERIENCE PLACEMENT FORM (Deadline for completion 1st March 2024)

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/MOBILE NO..... WORK EXPERIENCE JOB TITLE

EMAIL.....

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

PARENTAL CONSENT

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

- I have read the placement details and am willing for him/her to participate in work experience with the employer for the duration indicated and will ensure that they adhere to company policies for confidentiality and safety, acknowledging the agreement which they have signed above.
- 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.
- if s/he voluntarily leaves the employer's premises during lunch break or at other periods during the working day, no liability can be accepted by the employer or the school for any incident that may occur.
- the above placement will now be formally registered with NYBEP generating a request for an individual workplace Risk Assessment. I further understand that my £20 contribution towards the assessment cost is non-refundable and that NYBEP will pass on relevant information to the employer/Health and Safety Officers so they can do everything reasonable to protect the health, welfare and safety of students. Information will be stored securely in compliance with the Data Protection Act 2018 for the duration of participation in NYBEP programmes and afterwards for the statutory term set by Local Authorities; 10 years. After this, all information will be destroyed.

Signed:

Name: (please print)

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

Date:

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

LETTER OF UNDERSTANDING FOR THE EMPLOYER PROVIDING A WORK EXPERIENCE PLACEMENT

Placement records are stored online on our secure work experience database (www.nybep.work-experience.co.uk). Information held: employer contact details, placement information, health and safety details and Young Persons' Risk Assessment. NYBEP's work experience team and School-based Coordinators use the system to access the H&S information for their students' placements. Students have a low-level access to the database to search for ideas for their placements. Schools are strictly told that the employers and placements are not guaranteed, but a list of those who have taken students in the last 4 years. Data is held for 10 years from placement, after which it will be securely deleted. By signing this Work Experience Agreement Form the employer gives permission for the educational establishment or its representatives to process employer personal details for the purposes of work experience, in accordance with the Data Protection Act 2018. Learners' personal details are confidential and should be safeguarded in accordance with the Data Protection Act 2018. If you would like to discuss this further please contact the Work Experience Team on 01904 567616 / workexperience@nybep.org.uk

The learner will carry out meaningful work, as described in the agreed job description. The employer will ensure that the work will be planned by a responsible person and the learner will receive appropriate instruction and supervision during the work experience. The employer understands that the learner is to be treated as an employee with respect to health and safety legislation. The employer will ensure that the learner 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 learner will be appropriately restrained.

The employer understands his/her duty of care to the learner on the work of placement, particularly in respect of child protection.

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 learner who is to undertake the placement before the placement commences. The employer also undertakes to monitor the placement in the light of the learner'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 learner 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 learner'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, and the Equality Act 2010.

NYBEP complies with Government guidance on managing risk in relation to the prevention and transmission of Covid-19.

Learner absence, accident or sickness - the employer will immediately notify the school. The learner will be allowed to use whatever first aid facilities the employer provides.

The employer will allow representatives from the appropriate educational establishment to visit the placement for monitoring purposes.

The learner will not receive any payments for this work. However, the employer may choose to make a contribution directly to the learner towards the cost of meals and travelling. Details will be included in the job description.

The learner will work the hours shown on the agreed job description. These must conform with employment regulations as they apply to young persons.

3. EMPLOYER CONSENT & EMPLOYERS LIABILITY INSURANCE (ELI) (please fill out all details)

COMPANY NAME.....**INSURANCE COMPANY NAME**.....

INSURANCE POLICY NO:.....**ELI EXPIRY DATE:**.....

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 agree to a health and safety check if needed and am willing to produce the above certificate for H&S visitors if requested
- Our company/organisation has a risk assessment for persons under the age of 18 and we are willing to share this
- I confirm that the student will receive a full Health & Safety briefing on the first morning of the placement

Signed		Date	
Name (Print)		Position	