Work Experience 2020

Placement Form

Please complete pages 1 and 2 of this form fully, and return it to school as soon as possible.

Don’t forget to remove and complete the cut off slip at the bottom!

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| **Student Details** |
| **First Name:** | **School:** |
| **Surname:** | **Form/Tutor Group:** |
| **Date of Birth:** | **Placement Dates:**  |
| **Health, Well-being & Special Educational Needs** |
| \*Please inform us of any medication, health conditions, special educational needs or issues that may affect your work experience placement. This information will be used by our Risk Assessors when completing the health & safety risk assessment of your placement |
| **Parent/Guardian** |
| *‘As the parent/guardian I agree for my son/daughter to take part in work experience. ‘I understand that as the parent/guardian it is my duty to supply any medical/health issues or special educational needs to School, Changing Education and the Employer which could affect my child’s safety whilst on placement. Upon signing this form, ‘I agree with all the information given in the health declaration’***Self-Placement***‘I am satisfied that the placement we have provided for the named student is a suitable learning environment for my son/daughter to undertake work experience’* |
| **Name:** | **Signature:** | **Date:** |
| **Student**  |
| *“I agree to take part in work experience and observe all Health, Safety and Security regulations in accordance with company policy. Furthermore I understand my responsibility in maintaining confidentiality in relation to all information about the employers business I may obtain during my work experience. I confirm that I have completed this form as fully and carefully as possible and understand that this information will be passed to my placement provider”* |
| **Name:** | **Signature:** | **Date:** |

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**What next:**

* **Ask around friends, family and any contacts you have to enquire about supporting you on your work experience, remember to also contact companies directly as this makes a great first impression!**
* **Complete the self placement section fully on page 2 including employer signature and return both pages of this form to school before the deadline (don’t forget to cut this section off!)**
* **Ensure you are fully prepared for your placement by completing the information on the reverse of this cut off slip**
* **During your placement – work hard, enjoy it and don’t forget to keep a record of all the skills you are learning. Remember to phone your employer and school if you are ill or can’t make it to your placement.**

Self-Placement Section

This section of the form is to provide detailed information of your placement, please make sure all sections are completed. (Don’t forget to remove the cut off slip at the bottom before returning this form to school!) This page needs to be completed and signed by the Employer who has agreed to support the student through his/her work experience **(an email address and confirmation of Employers Liability Insurance is essential)**. Please ensure you have filled in all details on the Employer Guidance and Agreement letter and handed it to the employer for their records.

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| **Company Details** |
| **Business/Organisation Name:** |
| **Business/Organisation Type:** *i.e. Engineering, Hospitality, Sport & Leisure* |
| **Address:** |
| **Email:** *\*mandatory requirement* | **Tel No:** *\*mandatory requirement*  |
| **Contact Name:**  | **Position:** |
| **Job Description** |
| **Placement Role Title:** *\*please provide a job title* |
| **Students Role/Responsibilities/Tasks:** *\*please provide as much detail as possible* |
| **Placement Hours:**  | **M** | **T** | **W** | **T** | **F** | **S** |
| **Employer** |
| *‘I confirm that as the above named Employer I can provide the named student with a work placement on the specified dates’****Note:*** *Please ensure you have read the Work Placement Guidance & Conditions thoroughly which is provided within the ‘Employer Letter and Guidance and Conditions form’ paying particular attention to the terms of the placement.* |
| **Name:** | **Position:** |
| **Signature:** | **Date:** |
| **Employer’s Liability Insurance *\*****The placement* ***cannot*** *go ahead without this minimum requirement. Please ensure all fields below are accurately completed* |
| **Name of Insurer:** | **Policy No:** | **Expiry Date:** |
| **Who is responsible for Health and Safety?**  | **Tel:** |
| **I confirm that I have made a note of any student medical conditions detailed on this form***.* | **Yes:** | **No:** |

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| **Placement Details** |
| ***Students are encouraged to make contact with their placement provider and to discuss all placement requirements. This section is for students to complete and keep for pre placement preparation***  |
| **Placement Dates** | **From:** | **To:** |
| **Placement Hours:**  |  |
| **Lunch Requirements:** i.e. packed lunch, canteen, local shop |
| **Clothing Requirements:** i.e. steel toe capped boots, smart/casual |
| **Travel Arrangements:** |