

Student Details					
Title:		First Name:		Second Name:	
Date of Birth:				Tutor Group:	
Home Address:					
Home Tel No.					

Placement Details							
Company name:				Supervisor:			
Placement Start Date: (dd/mm/yy)				Placement End Date: (dd/mm/yy)			
Placements Address:							
Direct/Line Tel No.			Mobile Tel No			Fax Number:	
Email:							

In order for a company to take a student on work experience they MUST have Employers Liability Insurance (E.L.I) and Public Liability Insurance (P.L.I). Please provide us with the following details:

Employer's Liability Insurance Details:

Policy Number:

Insurance Co:

Expiry Date:

As a representative of the above employer I agree to the student named above working on my premises in accordance with our Letter of Understanding (see overleaf) and acknowledge my responsibilities under the Health & Safety Work Act.

Name (printed):

Position:

Signed:

Date:

PLACEMENT JOB TITLE, DATES AND BRIEF DESCRIPTION OF DUTIES: (attach a separate job description sheet if you wish)

Title _____ Dates to be worked _____

Duties _____

STUDENT:

As the student named above I agree to take part in this work experience scheme and confirm that I have read and understood both sides of this form. I also agree to hold in confidence any information about the Employer's business which I may obtain during this work period and not to disclose any such information to another person without the Employer's permission. I also agree to observe all safety, security and other regulations laid down by the Employer and made known to me either by the Employer's representatives or by displayed instructions.

Signed:

Date:

PARENT/GUARDIAN:

As parent/guardian of the student named above I confirm that I have read and understood both sides of this form and agree to his/her taking part in this scheme and undertake that he/she will observe the conditions set out. In the interest of my child I confirm that:

* (i) He/she does not suffer from any medical condition which could result in an unnecessary risk to his/her health or safety or to the health or safety of another person. (Should you be in any doubt, please consult the teacher responsible before signing this form).

* (ii) He/she suffers from the following medical condition which should be conveyed to the employer. (Attach details).

*Please delete as appropriate.

Print name:

Signed:

Date:

WORK EXPERIENCE PLACEMENT ASSESSMENT RECORD

Letter of Understanding

THE JOB

1. The learner will carry out meaningful work, as described in an agreed job description. The employer will ensure that the work will be planned by a responsible person and the student will receive appropriate induction, instructions and supervision during the period of the work experience.
2. Post 16 students attached to a school's work experience programme will not receive any payment for this work, in accordance with the current Education Act.
3. The learner will work the hours shown on the agreed job description, which will be in accordance with employment regulations for Young Persons

HEALTH, SAFETY, WELFARE AND SECURITY

4. The employer recognises that a student on work experience is regarded as an employee for the purposes of Health and Safety legislation and the associated duty of care. 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 where necessary and instruction given on its use. The employer undertakes to restrain any animal likely to cause harm to a student while undertaking work experience.
5. The employer recognises the need for risk assessments to be carried out for students before the placement, and that these are communicated to the parent/guardian. The employer also undertakes to monitor and modify risk assessments during the placement to take account of an individual student's capabilities and any changes to working practices.
6. For schools work experience, the learner's parent/guardian will be expected to confirm that they are not suffering from any medical or other condition that will create a hazard either to the student or to those working with him/her.
7. In case of absence, accident or sickness the employer will immediately notify the educational establishment. The learner will have access to welfare and other staff facilities including first aid.

CHILD PROTECTION

8. The employer is reminded of his/her duty of care towards young people and to consider the suitability of staff who work with them. The employer endorses the statement of principles contained in the Child Protection Guidance. The employer is also reminded to disclose staff, where known, who are disqualified from working with children, where appropriate, in accordance with The Criminal Justice and Court Services Act 2000.

INSURANCE

9. The employer has or will have in place Employer's Liability (Compulsory) Insurance, Public Liability Insurance and vehicle insurance (where relevant), as students on work related learning schemes count as employees for the duration of their placement and, as such, are covered by these policies.

DATA PROTECTION

10. The employer gives permission to process employer personal details for the purposes of work experience and Education Business Link Activities. In accordance with the Data Protection Act 1998, learner's personal details are confidential and should be safeguarded.

STATUTORY OBLIGATIONS

11. The employer agrees to observe all relevant/current legislation, in particular relating to Health & Safety, and discrimination, race relations, disability and the Children Act.