

 **Work Experience Placement Form 2020-2021**

***Student Details***

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| **Witchford Village College** | **Work Experience Dates Requested:** |  |
| **Student Name:** |  |  |
| **Date of Birth:** | **Length of Placement:****(one week maximum)** |  |
| **Gender: M/F** | **The placement is at the discretion of WVC and dates will only be agreed if they do not interfere with any school assessments or activities.** |
| **Year Group:** |

***Student Agreement***

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| As the student named above, I agree to take part in the work experience programme and follow all the agreed health and safety rules and security regulations. I understand that I may gain access to sensitive information whilst at work and I agree to treat all information as confidential unless told otherwise by my supervisor. |
|  **Student Signature:** |  | **Date:** |

***Employer Details***

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| **Company Name:** | **Placement Title:** |
| **Company Address:** | **Type of Business:** |
|  | **No of Employees:** |
|  | **Company Contact:** |
|  | **Position:** |
| **Post Code: Tel No:** | **Email:** |
| I agree to the above named student attending work experience with this company **as detailed overleaf and provide a Job Description which provides full information of tasks to be given.****Signed on behalf of the company:** |
| **Print Name:** |  | **Date & position:** |  |

***Parent/ Carer Agreement***

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| As parent/carer of the student named above I agree to his/her taking part in this scheme. I further understand that I will receive a copy of the Job Description and Risk Assessment prior to my son/daughter attending the placement. In the interest of my child I confirm that:* He/she does not have any medical conditions, which could result in an unnecessary risk to his/her health or safety or to the health and safety of another person. *(should you be in any doubt, please consult the teacher responsible before signing this form)*
* He/she has the following medical conditions, which should be conveyed to the employer:

***Please also indicate if your son/daughter regularly takes any medication that needs to be brought to the workplace.*** |
|  **Signed:** **(Parent/carer)** | **Date:** |

**PLACEMENT DESCRIPTION**

**To be completed by the employer**

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| **Job Title:** |
| **Duties:** |
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| **Student’s personal qualities required:** |
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**KEY CONSIDERATIONS**

**When completing the placement description please take into account the following:**

* The young person’s age, inexperience, immaturity and lack of awareness or risks
* The need for adequate supervision and, where necessary, suitability checks for child protection
* The need for any personal protective equipment
* The provision of adequate information, instruction and training for the young person
* Any necessary prohibitions or restrictions relating to tasks, areas and work equipment

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| **Employers’ Liability Insurance: Yes / No** | **Name of insurer:** |
| **Policy No:** | **Expiry Date:** |
| **Public Liability Insurance: Yes / No** |  |

**Employers’ & Public Liability Insurance cover are both required for work experience. Please attach a copy of your current Employers’ Liability Insurance certificate. We will be unable to take up offers of placements from organisations without such cover.**

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| **Do you have a Health & Safety Policy: Yes / No** | **Written Risk Assessments: Yes/ No (if more than 5 employees)** |

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| If the student is to be based in a different location to the company address please give details: |
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**School Details**

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| **Name: Juliet Martin** | **Position: Head of Careers** |
| **Phone No: 01353 662053 x 162** | **Email: jmartin@wvc.tmet.org.uk** |

**All of this information must be completed and returned to the school at least four weeks before the placement start date.**