

**6<sup>th</sup> FORM WORK EXPERIENCE PLACEMENT FORM**

School: **Sheldon School** Contact: Ms Humphreys / Mr Spiers

**STUDENT DETAILS** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Year & Tutor Group: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Tel No: 01249 766020

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

**EMPLOYER DETAILS** Company Name: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_

**PLEASE STATE HOW THE EMPLOYER IS KNOWN TO YOU:**

Contact Name: ..... Tel No: .....

Address: ..... Mobile No: .....

..... Email Address: .....

..... Postcode: ..... Supervisor: .....

In order for a company to take a student on work experience they MUST have Employers Liability Insurance (E.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 the Letter of Understanding (see overleaf) and acknowledge my responsibilities under relevant legislation, including Health & Safety and Data Protection:

Name: (Please Print) ..... Position: .....

Signed: ..... Date: .....

**WORK EXPERIENCE JOB TITLE AND BRIEF DESCRIPTION OF DUTIES (This information is essential, please continue on the back page if necessary):**

Start time: \_\_\_\_\_ Clothing requirements: \_\_\_\_\_

Finish time: \_\_\_\_\_ Lunch arrangements: \_\_\_\_\_

**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: (\* please delete as appropriate)

\*(i) He/she does not suffer from any medical condition which could result in an unnecessary risk to their health or to the safety of another person

\*(ii) He/she suffers from the following medical conditions which should be conveyed to the employer (attach details or complete medical form)

Signed: ..... Date: .....

# **WORK EXPERIENCE PLACEMENT ASSESSMENT RECORD**

**Letter of Understanding** between Sheldon School student and the employer providing work related activities

## **THE PLACEMENT**

The student will carry out meaningful work, as described in the job description as discussed. We will ensure that the work will be planned by a responsible person and the student will receive an appropriate induction, instructions and supervision during the period of the work experience.

Pre 16 and post 16 students attached to the school's work experience programme will not receive any payment for this work, in accordance with the current Education Act. Although, assistance with any travel expenses are welcome.

Young Workers Directive limits time to 8 hours a day and a maximum of 40 hours per week, normally between 6am-10pm.

## **HEALTH, SAFETY, WELFARE AND SECURITY**

We recognise that a student on work experience is regarded as an employee for the purposes of Health & Safety legislation and the associated duty of care. We will ensure that the student does not operate any hazardous equipment or carry out work of an unsuitable nature, and that protective clothing/equipment is supplied where necessary and instruction given on its use. We undertake to restrain any animal likely to cause harm to the student while undertaking work experience.

We recognise the need for risk assessment to be carried out for the student before the placement, and that these are communicated to the parent/guardian. We also undertake to monitor and modify risk assessments during the placement to take account of an individual student's capabilities and any changes to working practices.

The school will expect the student/parent/guardian to notify the employer of any medical or other conditions that could create a hazard to the student or those working with him/her.

In case of absence, accident or sickness we will immediately notify the student's educational establishment. The student will have access to welfare and other staff facilities including first aid.

## **SAFEGUARDING**

We accept and understand the duty of care in respect of young people and will consider the suitability of staff who work with them. We will 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**

We maintain Employer's and Public Liability Insurance as required to indemnify our business. We will ensure the policies are current, include cover for the student and will remain in place for the period during which we have the student on placement. We will inform our insurers whenever a student is on placement.

## **DATA PROTECTION**

We will safeguard all student details and keep them confidential in accordance with the current Data Protection Act and in compliance with the General Data Protection Regulations (GDPR)

The student will be reminded by the educational establishment that they must not disclose any information confidential to the Employer without the employer's permission.

We give permission to process employer company details for the purposes of work experience.

## **STATUTORY OBLIGATIONS**

The employer agrees to observe all relevant/current legislation, in particular relating to Health & Safety and legislation in respect of sex discrimination, race relations, disability and the Children's Act

### **FOR INTERNAL USE ONLY**

Date processed:

H&S questionnaire asked/sent:

Approved: PMH / ETS

Additional comments: