



Work Experience Self Placement Form Summer 2023

Dear Student,

This form is to be used when you have found your **own placement**. Please make sure all sections are completed and the form has been signed by the student, the company/organisation and the parent/guardian.

Student Details

Name of Student: _____

Form: _____

Dear Employer,

This form has been given to you following your agreement to offer a work experience placement to one of our students. Please complete the company details, fill in a brief description of the placement to be undertaken and sign the **Employer section on the reverse** confirming that you carry Employer's Liability Insurance. This form should then be returned to the student. Thank you for supporting the work experience programme.

Company Details (where student will be working)

Organisation Name: _____

Business Description: _____

Address: _____

Postcode: _____

Tel No: _____

Email: _____

Contact Name: _____

Placement Tasks: _____

Date of placement: _____

Working Hours from _____ to _____

Lunch Times from _____ to _____

Lunch Arrangements: Staff Canteen/ Local Cafe/ Local Shops/ Bring Packed Lunch/ Provided

Travel Arrangements: _____

Specific clothing required (Dress code): _____ Provided Y/N

Specific Skills: _____

Thank you for agreeing to take the student named overleaf on Work experience. We would be grateful if you could read the following before signing the form below

On behalf of I confirm that:

- We will take all possible care of the student's health and safety, recognising his/her inexperience, immaturity and lack of awareness of risks.
- We will ensure that the student performs meaningful work as previously agreed in the job description.
- We will not discriminate on the grounds of gender, race, disability, religion, age or sexual orientation.
- We will inform the parent immediately, should we for any reason have to send the student home.
- We have Employers' Liability Insurance and understand that Public Liability alone will NOT suffice.

Employers' Liability Insurance Details:

Insurance Company: _____

Policy No: _____ Expiry Date: _____

Placement Authorised by: Signed: _____ **Name:**

Date: _____

Position:

To be completed by the Parent(s)/Carer

As parent/guardian of the named student, I confirm that I agree to the placement and I am satisfied that it is a suitable environment for my son/daughter to undertake his/her work experience.

Name: _____

Signed _____ **Date:** _____

Emergency Contact details – phone and email:

In order to ensure that there are no unnecessary risks to the Health & Safety of this student or the Health & Safety of another person, please indicate below any medical condition the student is suffering which the employer should be made aware of (eg: asthma):

To be completed by the Student

As the student named above, I confirm that I agree to take part in this work experience scheme. I agree to hold in confidence any information about my employer's business that I may obtain during this work period. I also agree to observe all safety and security regulations in accordance with the company policy

Name: _____

Signed _____ **Date:** _____