



WORK PLACEMENT FORM



Ralph Allen School, Claverton Down Rd, Bath, BA2 7AD

School Contact: Mrs Sue Rogers /Mr John Chantry

STUDENTS DETAILS

Mr/Miss

First Name

Surname

Tutor Group:

Date of Birth:

School Tel No 01225 832936 (ext. 215 for WEX queries)

Start Date 6 July 2020

Finish Date 10 July 2020

EMPLOYERS DETAILS

Company Name: _____

Contact Name _____

Telephone No: _____

Address: _____

Mobile No: _____

Postcode: _____

Email Address: _____

Supervisor: _____

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: _____

WORK EXPERIENCE JOB TITLE AND BRIEF DESCRIPTION OF DUTIES (please continue on a separate sheet 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:
 (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.

Name (printed) _____

Date: _____

Signed _____

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. Pre 16 and 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 firm 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), and will confirm that students on work related learning schemes are covered by each policy before the placement commences.

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.