****Work Experience Placement Request Form

This form must be completed for new work experience placements

* for Year One IBCP pupils Year 10 and 12
* placement between Friday 26th June until Thursday 2nd July 2020
* return completed form to Mrs Walmsley

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| **Student Details** |  |  |
| First Name: | Surname: | Tutor Group: |
| **Employer Details** |  |  |
| Company Name: | Contact Name: | Supervisor: |
| Address: |
|  | Postcode: |
| Telephone No: | Email Address: | Mobile/Direct Line: |
| Work Experience job title and brief description of duties (please continue on separate sheet if necessary)  |
| Start time: | Clothing Arrangements: |  |
| Finish time: | Lunch Arrangements: |  |
| **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: |
| **Employer**  |
| **As a representative of the 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 (please print): |  | Position: |
| Signed: |  | Date: |
| **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 he/she does not suffer from any medical condition that the school is not aware of 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). |
| Name (please print): | Signed: | Date: |

**Work Experience Placement Letter of Understanding between**

**Warminster School and the employer providing work related activities.**

**THE JOB**

1. The pupil 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 pupil 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**

1. 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.
2. 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.
3. For schools work experience, the pupil’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.
4. In case of absence, accident or sickness the employer will notify Warminster School. The pupil will have access to welfare and other staff facilities including first aid.

**CHILD PROTECTION**

1. 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**

1. 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**

1. 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, pupil’s personal details are confidential and should be safeguarded.

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