STUDENT WORK EXPERIENCE PLACEMENT FORM- PLEASE RETURN TO SCHOOL

Student Information			
Name:			
DOB:		**Form:**	
Phone:			
Address:			
School:			
Date of placement:		**Location of placement:**	

Student Work Experience Agreement			
I agree to take part in the placement as described throughout this form and will adhere to the standards expected of me while at the place of work. I will follow the workplace's health and safety procedures and any training that I am required to take. I will also report any concerns I have regarding the placement and/or health and safety to a senior member of staff. I will carry out the tasks required of me during the placement to the best of my abilities.			
Signature:		**Date:**	

Parent/Carer/Guardian Information			
Name:			
Address:			
Phone:		**Email:**	

Parent/Carer/Guardian Agreement			
As the parent/carer/guardian of the named student, I consent to them taking part in a work experience placement with the named employer as described throughout this form. I have advised on any medical conditions, learning differences, or other vulnerabilities the student has that may impact their ability to carry out certain duties and/or affect their health and safety.			
Signature:		**Date:**	

Health and Safety- Parent/Carer checklist to be signed by employer.

The parent/carer/guardian has confirmed with the employer that the areas described below will be covered during the work experience placement. The following comments sections will include details about any discussions or meetings they had with the employer regarding their health and safety measures.

The employer has provided records of their risk assessment(s) or confirmation of the health and safety measures in place in their organisation.	**Y ☐ N ☐**
Comments:	
The parent/carer/guardian has discussed with the employer any medical conditions, learning differences, or vulnerabilities that may affect the student's health and safety during their placement.	**Y ☐ N ☐**
Comments:	
The employer has confirmed that the student will receive sufficient information, induction, training, supervision, and PPE (where necessary) so they understand the risks in the workplace and can fulfil their role safely.	**Y ☐ N ☐**
Comments:	
The employer has confirmed that they have suitable Employer's Liability Insurance. This will cover the student for the duration of their work experience placement.	**Y ☐ N ☐**
Comments:	

Name:		**Date:**	
Signature: Employer			

Employer Information: Parent/Carer to keep					
Name of company:					
Address:					
Name of contact:		**Phone:**		**Email:**	
Description of placement: *Describe the job(s) that the student will carry out. State which dept. they will work in.*					
Work days and hours:					
Lunch/break time:					
Any job requirements: *For example: training, dress code, protective equipment, etc.*					

Employer Agreement			
Our organisation agrees to provide the named student with a work experience placement. We also agree to provide the student with the necessary information, instruction, and training so they know how to fulfil their role properly and do so safely. We have discussed and agreed with the school the safety measures that we already have, or will put, in place to protect the named student during their work placement.			
Name:		**Date:**	
Signature:			