

WORK SHADOWING PLACEMENT FORM

YEAR 12

School: St John's Marlborough

Contact: Mrs Tina Smith (Room 121)

Direct Dial: 01672 519562

STUDENT DETAILS

First Name: _____

Surname: _____

Year & Tutor Group: _____

Date of Birth: _____

Start Date: _____

Finish 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:

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

*(ii) He/she suffers from the following medical condition which should be conveyed to the employer. (Attach details).

*Please delete as appropriate.

We understand and agree that St John's will be sharing the information provided on this form with Swindon Training (Health and Safety Advisor) and the Employer (Work Experience Placement)

Signed: _____

Date: _____

EMPLOYERS DETAILS

Company Name: _____

Nature of Business: _____

PLEASE STATE HOW THE EMPLOYER IS KNOWN TO YOU:

Contact Name: _____

Telephone 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

Insurance Co: _____

Policy Number: _____

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:

• we the employer are GDPR compliant

• we will destroy all personal information on this student after the Work Experience is complete

Name: (Please Print) _____

Position: _____

Signed: _____

Date: _____

WORK EXPERIENCE JOB TITLE AND BRIEF DESCRIPTION OF DUTIES (This information is essential, please continue on a separate sheet if necessary):

Start any finish time: _____

Clothing Requirements: _____

Please identify any significant risks: _____

WORK EXPERIENCE PLACEMENT ASSESSMENT RECORD

Letter of Understanding

THE JOB

The learner will carry out meaningful work, as described in an agreed job description. We 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.

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.

HEALTH, SAFETY, WELFARE AND SECURITY

We recognise that a learner on work experience is regarded as an employee for the purposes of Health and Safety legislation and the associated duty of care. We will ensure that the learner 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. We undertake to restrain any animal likely to cause harm to a learner while undertaking work experience.

We recognise the need for risk assessments to be carried out for learner 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.

For schools work experience, the learner's parent/guardian will be expected to confirm that they are not suffering from any medical or other condition that will create a hazard either to the learner or to those working with him/her.

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

CHILD PROTECTION

We accept and understand the duty of care in respect of safeguarding of young people and will consider the suitability of staff who works 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 Employers and Public Liability Insurance as required to indemnify our business. We will ensure that the policies are current, include cover for learners and will remain in place for any period during which we have learners on placement. We will inform our insurers whenever a learner is on placement.

DATA PROTECTION

We give 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

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

Comments:

LOW RISK/ MEDIUM RISK / HIGH RISK

Approved by:

Written to:

INTERNAL USE ONLY