

## STUDENT DETAILS

Name: ..... Year / Tutor: .....

Placement Dates: .....

## EMPLOYER DETAILS

Company: ..... Contact Name: .....

Address: ..... Telephone Number: .....

..... Email: .....

..... Postcode: .....

## INSURANCE DETAILS

It is a requirement for any company taking a student on a Work Experience Placement to have Employers Liability Insurance (ELI) and Public Liability Insurance (PLI) in place.

Insurance Company: .....

Policy Number: ..... Expiry Date: .....

## PLACEMENT DETAILS

Placement Job Title: .....

Placement Address (if different from above): .....

Placement Duties / Work Experience Tasks: .....

## AGREEMENT

### Student

I agree to attend the Work Experience placement every day as detailed above.  
 I will arrive punctually and appropriately dressed.  
 I will carry out the tasks given to me efficiently and to the best of my ability.  
 I will hold in confidence any information I receive and not disclose this information without permission.  
 I will observe all safety and security regulations and follow any rules detailed by the employer.

Signed: ..... Date: .....

### Parent / Guardian

I confirm I have read and understood this form and accompanying documents and agree to the student detailed above attending the placement as described.

### **I GIVE PERMISSION FOR THE ABOVE NAMED STUDENT TO LEAVE THE PLACEMENT PREMESIS AT LUNCHTIME: YES / NO**

Signed: ..... Date: .....

Name: .....

### Employer

I agree to the above-named student working on the premises in a Work Experience capacity on the dates specified above. We agree to abide by any and all relevant and current legislations. We will accept or insure against liability, loss, damage or injury to the student in the same way as for paid employees.

Signed: ..... Date: .....

Name: .....

Position: .....

## **STUDENT AGREEMENT**

1. I agree to attend the Work Experience placement every day as detailed on the Agreement Form.
2. I will arrive punctually and appropriately dressed.
3. I will carry out any tasks given to me efficiently and to the best of my ability.
4. I will express an interest and be keen to learn.
5. I will hold in confidence any information I receive and not disclose this information without permission.
6. I will observe all safety and security regulations and follow any rules detailed by the employer.

## **EMPLOYER AGREEMENT**

### **Opportunity**

1. We will endeavour to provide the student with a varied and structured programme (as detailed in the job description).
2. We will ensure the student is supported during the week by a responsible staff member to provide appropriate induction, instructions and supervision throughout any tasks the student is set.
3. Working hours will be limited to those specified in the Young Workers Directive (8 hours per day, 40 hours per week), it is recommended a discussion is held with the school, parent and student if the placement will incur hours outside of 9am-5pm or at weekends.

### **Health, Safety, Welfare and Security**

1. We acknowledge that the student is regarded as an employee for the purposes of Health & Safety legislation and associated duty of care.
2. We will ensure that under no circumstances will the student operate hazardous machinery or carry out work of an unsuitable nature.
3. We will provide protective clothing and equipment where necessary and ensure it is worn with adequate instructions given on its use.
4. We expect the student and/or Parent/Guardian to inform us of any medical conditions which differ from those detailed on the Health Declaration.
5. If the student is absent we will inform the school as soon as possible.

### **Risk Assessment**

1. We recognise the need for risk assessment to be carried out IN ADVANCE of the placement. This document will be available to the student and parent at all times (inclusion of a copy of the risk assessment is optional).

### **Safeguarding**

1. We accept and understand the duty of care regarding safeguarding of young people and will consider this at all times during the placement week. We will ensure we make the school aware of any staff, where known, who are disqualified from working with children in accordance with The Criminal Justice and Court Services Act 2000 and Protection of Children Act 1999.

### **Insurance**

1. We confirm we hold all relevant and up to date policies as detailed overleaf (inclusion of a copy of the insurance certificate is optional).

### **Data Protection**

1. The student's personal details are confidential and will be safeguarded at all times in accordance with the Data Protection Act 1998.

## **PARENT / GUARDIAN AGREEMENT**

I confirm I have read and understood this Letter of Understanding and agree to the student detailed on the Work Experience Agreement Form to participate in the placement as detailed.

Student Signature: ..... Name: ..... Date: .....

Employer Signature ..... Name: ..... Date: .....

Parent/Guardian Signature ..... Name: ..... Date: .....

**STUDENT DETAILS**

Name: ..... Year / Tutor: .....

School: ..... Placement Dates: .....

Does the student have any medical condition which could affect their placement and result in an unnecessary risk to their Health & Safety or the Health & Safety of another person. Please delete as appropriate below\*:

**Physical Disabilities** Yes / No \*  
 If Yes, please give details: .....

**Allergies** (e.g. Nuts, Penicillin, animals) Yes / No \*  
 If Yes, please give details: .....

**Skin Conditions** (e.g. Eczema, psoriasis) Yes / No \*  
 If Yes, please give details: .....

**Asthma or any chest complaints** Yes / No \*  
 If Yes, please give details: .....

**Hearing / Visual impairments** Yes / No \*  
 If Yes, please give details: .....

**Heart conditions that affects their ability to carry out physical tasks** Yes / No \*  
 If Yes, please give details: .....

**Diabetes / Epilepsy** Yes / No \*  
 If Yes, please give details: .....

**Does the student take any medication on a regular basis?** Yes / No \*  
 If Yes, please give details: .....

**Please give details of any other issues that should be considered (including emotional or behavioural)**  
 .....

(turn over if needed)

**Parent / Guardian:**

I agree that the information given above will be shared appropriately with the employer offering the work placement.

Signed: ..... Date: .....

Name: ..... Position: .....

**Employer**

I have read and acknowledge the health information above and can confirm that I will take all relevant information into account during the placement.

# HEALTH & SAFETY QUESTIONNAIRE

Signed: ..... Date: .....

Name: ..... Position: .....

Company: ..... Contact Name: .....

Telephone Number: ..... Email: .....

In order for us to assess the suitability of the placement and arrange any additional Health & Safety checks in advance of the placement we would be grateful if you could answer the following questions:

## HEALTH & SAFETY

1. Will students be given an induction including a Health & Safety brief on their first day? Yes / No
2. Will full training & instruction be provided to students before they use a new piece of machinery? Yes / No
3. Are there any areas of the premises or work area which are prohibited to students? Yes / No  
If yes, please state these areas: .....
4. Does the require any lifting and / or manual handling? Yes / No
5. Does your premises house any chemicals or materials covered by COSHH regulations? Yes / No
6. Is PPE required for any tasks the student will undertake? Yes / No
7. Do you have risk assessments in place? Yes / No  
(Please provide a copy of this risk assessment if you feel this would be beneficial)
9. Please state the maximum total number of hours to be worked by the student during any one day .....
10. Please state the regular number of employees within the business .....
11. Will the student at any time be required to work on a one on one basis with any of the employees? Yes / No
12. Will the student be left alone on the premises at any time? Yes / No
13. Does any computer, to which the student will have access, comply with DSE regulations? Yes / No
14. Are firewalls & Filters in place on any computer to which the student will have access? Yes / No
15. Will the student be allowed unsupervised access to the Internet? Yes / No

## GENERAL INFORMATION

1. Do you have a dress code? Yes / No  
Please provide details: .....
2. Do you require the student to provide any Personal Protective Equipment (PPE)? Yes / No  
If yes, please provide details: .....
3. What hours do you require the student to work? .....
4. Do you have a canteen / staff room? Yes / No
5. Do you have any facilities for the student to buy lunch? Yes / No

I understand that by completing this questionnaire the school will use this as a basis of their assessment of the suitability of the Work Experience placement. Should the school feel it necessary they will instruct an external company to carry out a more detailed Health & Safety survey based on the information provided in this questionnaire.

Signed: .....

Date: .....

Name: .....

Position: .....