# SOUTH WESS

# WORK EXPERIENCE AGREEMENT FORM

School       Placement Period:         EMPLOYER DETAILS         Company:      Contact Name:         Address:      Mobile/Direct Line:        Email:	Name:					Gro	oup:		
EMPLOYER DETAILS         Company:       Contact Name:         Address:       Mobile/Direct Line:         Email:       Email:         Employer Tel:       Email:         Town:       Employer Tel:         Placement Job Tifle:       Brief description of work experience tasks (please continue on a separate sheet if necessary):         In order for a company to take a student on work experience they MUST have Employers Liability Insurance (ELI) and Public Liability Insurance (PLI). Please provide us with the following details:         Insurance Company:       Expliny Date:         STUDENT       As the student named above I agree to:         • Attend this work experience placement and hold in confidence any information about the employer's business that I may obtain not to disclose use with from atom to another preson without the Employer's permission.         • Observe all safety, security and other regulations liaid down by the employer and made known to me either by the employer's representatives or by displayed instructions.         Signed:       Date:         PARENT/GUARDIAN       As parentiguardian of the above named student, I confirm I have read and understood this form and the accompanying document agree to hisher theom and heldshe will observe the conditions set u.l. Lonfirm that:         • Heiche DOES suffer from the following medical condition which should be advised to the employer (details attached).         * Please detelet as appropriate. Should you be in any doubt please consult the teacher responsib									
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Address: Mobile/Direct Line: Employer Line: Employer Tel:	Company:					Contact Na	me:		
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Employer Tel:         Town:         Postcode:         Placement Job Title:         Brief description of work experience tasks (please continue on a separate sheet if necessary):         In order for a company to take a student on work experience they MUST have Employers Liability Insurance (ELI) and Public Liability Insurance (PLI). Please provide us with the following details:         Insurance Company:         ELI Policy No:       Expiry Date:         STUDENT         A stherd this work experience placement and hold in confidence any information about the employer's business that I may obtain not to disclose such information to another person without the Employer's permission.         • 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 a partifyuardian of the above named student, I confirm I have read and understood this form and the accompanying document agree to his/her ather ingents with observe the conditions set out. I confirm that:         * Hel/she DOES NOT suffer from any medical condition which could result in an unnecessary risk to his/her health or safety of another person.         * Hel/she DOES Suffer from the following medical condition which should be advised to the employer (details attached).         *Please delete as appropriate. Should you be in any doubt please consult the teacher responsible before signing this form         Signe	- ,								
Town:									
Postcode:	Town:								
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As parent/guardian of the above named student, I confirm I have read and understood this form and the accompanying document agree to his/her attending this placement and he/she will observe the conditions set out. I confirm that:  * He/she DOES NOT suffer from any medical condition which could result in an unnecessary risk to his/her health or safety of the health or safety of another person. * He/she DOES suffer from the following medical condition which should be advised to the employer (details attached). *Please delete as appropriate. Should you be in any doubt please consult the teacher responsible before signing this form Signed: Date: Mame: EMPLOYER As representative of the employer I agree to the student named above working on my premises in accordance with the Letter of Understanding. We agree to abide by all relevant/current legislation including Health and Safety, Sex Discrimination, Race Relation Disability and the Children's Act. We will ensure that our Employer's Liability Insurance will be in place to cover the student and w accept or insure against liability for loss, damage or injury caused by the student, in the same way as for paid employees. Signed: Date: Date: Date:	As the stude • Attend this not to disc • Observe a	ent named a s work exper close such in all safety, se	rience placement iformation to a curity and othe	ent and hold nother perso er regulation	on without the En	ployer's permission			-
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## LETTER OF UNDERSTANDING

Between Education Business Partnership–South West (EBP-SW) and the Employer providing Education Business Link Activities

### **OPPORTUNITY**

- 1. The learner will carry out meaningful work, as described in the job description discussed. We will ensure that the work will be planned by a responsible person and the learner 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. Young Workers Directive limits time to 8 hours a day and max 40 per week, normally these can be between 6am–10pm. EBP-SW advises that specific arrangements between the school, parents and employer should be in place for placements that occur outside of 8am-8pm or at weekends. This is particularly important for learners under the age of 16.

### HEALTH, SAFETY, WELFARE AND SECURITY

- 4. 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.
- 5. 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. Where the significant risks have been recorded on the job description we would expect the Educational Establishment to pass this information onto the learner/Parent/Guardian. We also agree to undertake, monitor and modify risk assessments for the placement to take account of an individual student's capabilities and any changes to working practices.
- 6. We will expect the learner/parent/guardian/Educational Establishment to inform us of any medical or other condition so that we can adjust our risk assessments and/or tasks accordingly.
- 7. In case of absence, accident or sickness we will immediately notify the learner's educational establishment. The learner will have access to welfare and other staff facilities including first aid.

#### SAFEGUARDING

 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

9. We maintain Employers and Public Liability Insurance policies, as required to indemnify our business. We will ensure that these policies are current, in place for any period during which we have learners on placement and that this will cover the learner. We will (as for any paid employee) accept or insure ourselves against the less, damage or injury caused by the learner whilst a work experience employee of the company.

#### DATA PROTECTION

- 10. In accordance with the Data Protection Act 1998, learner's personal details are confidential and should be safeguarded.
- 11. The learner will be reminded by the Educational Establishment that they must not disclose any information confidential to the Employer without the employers' approval.

#### STATUTORY OBLIGATIONS

12. 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.

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Review Date Jan 2017