**WORK EXPERIENCE STUDENT PLACEMENT FORM**

**SECTION 1**

**Student Details**

|  |  |
| --- | --- |
| Name of Student: | Date of Birth: |
| School/College**:**  | Year Group: | Tutor Group: |
| Work Experience Dates: |

**SECTION 2:**  Ask your work experience employer to complete the information below:

**A: Employer Details (note all information marked \* must be completed)**

|  |
| --- |
| **\*Employer Name:** |
| **Type of Business:** (eg: Engineering/Architects) |
| **Please give details of your Employer Liability Insurance below:** |
| \*Name of Insurer: |
| \*Policy Number: |
| \*Expiry Date: |
| \*Does your company have a health & safety policy: Yes/No  |
| \*If more than 5 employees, does your company have a written risk assessment? Yes/No  |
| **We recommend you notify your insurers that a work experience student will be on the premises.** |
|  **Do procedures comply with COVID-19 Government and PHA Guidelines** **Any relevant Covid-19 risk assessments or procedures have been drawn to the student and may include guidance**  **on cleaning, handwashing and hygiene procedures, social distancing, use of face-coverings and any actions taken**  **to reduce risks of exposure to coronavirus (COVID-19) in the workplace.** |

|  |
| --- |
| \*Opportunity title (e.g. Office assistant): |
| \*Address of Company/Organisation: |
|  |
|  | \*Postcode: |
| \*Name of contact at company/organisation: |
| \*Email: | \*Tel No: |
| Job title of contact: |

***Note to student: When you are inputting this data, see overleaf for date of approval***

**C: Vocational Profile: Opportunity Description:** (To be completed by company/organisation)

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| **\*Breakdown of key tasks to be performed by student during work experience placement:****1.****2.****3.****4.** |

**SECTION 2 (continued):** Ask your work experience employer to complete the information below:

**D: Student Information and requirements:**

|  |  |  |
| --- | --- | --- |
| \*Dress Code (please tick all that apply):

|  |  |
| --- | --- |
| * Smart casual
* Practical workwear
* No jeans or trainers
* Enclosed footwear
* Safety footwear
* Outdoor clothing
* Appropriate sportswear
 | * Long hair tied back
* Minimal, no dangly jewellery
* No jewellery, nail varnish or strong perfume/aftershave
* Safety footwear may be required for site visits, to be discussed
* Sturdy, flat, enclosed, sensible footwear
* Waterproofs may be required
* Other:
 |

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| Will any of the following be provided by the organization? (please tick all that apply)

|  |  |
| --- | --- |
| * Mask
* Goggles
* Overalls
* Hard hat
* Ear defenders
* Safety footwear
 | * Hi-vis jacket
* Gloves
* Apron
* Chef’s whites
* Company top/uniform
* Other:
 |

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| The learner will have to provide the following (please tick all that apply):

|  |  |
| --- | --- |
| * Safety footwear
* Other:
 | * Overalls
 |

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| \*Meal break details:

|  |  |
| --- | --- |
| * Bring own lunch
* Bring own drinks
* Drinks provided
 | * Meal free (ie. lunch provided free of charge)
* On-site facilities (e.g. canteen, microwave)
* Purchase off site (e.g. local café)
 |

Meal break duration:

|  |  |
| --- | --- |
| * 30 minutes
* 45 minutes
* 1 hour
 | * Appropriate breaks
* To be arranged
 |

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| \*Interview Required: **Yes / No**  | Any Specific Skills Required: |

**E: Availability**

|  |
| --- |
| \*Working days and times (e.g. Mon-Fri 9-5pm): |

**F: Employer:** We will provide a placement for the named student

|  |
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| \*For and on behalf of (company / organisation): |
| \*Signed: | \*Name: (please print in capitals) |
| \*Date: | \*Tel No: |

**SECTION 3**

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| **Parent/Carer:** As parent/carer of the student named I confirm that I agree to his/her taking part in this scheme. I confirm that he/she does not suffer from any medical condition which could result in an unnecessary risk to his/her health or to the health or safety of another person. **I confirm that my child will be able to travel to his/her work placement.** |
| \*Signed: | \*Parent/Carer Name: |
| \*Email: | \*Tel No: |