**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)**

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| --- |
| **\*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:**

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| --- | --- | --- | --- |
| \*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: | | |
| 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: | | |
| The learner will have to provide the following (please tick all that apply):   |  |  | | --- | --- | | * Safety footwear * Other: | * Overalls | | |
| \*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 | | |
| \*Interview Required: **Yes / No** | Any Specific Skills Required: |

**E: Availability**

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

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

|  |  |
| --- | --- |
| \*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: |