STUDENT'S WORK EXPERIENCE FORM

The Student must return this fully completed form prior to commencing their placement

Section A (To be completed	by the Stu	dent)			
Cabaali			Tutor Crount		
School:			Tutor Group:		
Student's Name:			Date of Birth:		
			NA - L-11 - NI -		
Student's Home Telephone Number:			Mobile No.:		
Name of Company/Employer/Placement:					
Dates of placement					
bates of placement					
Student			Date		
Signature			Date		
Section B (To be completed	by the Em	ployer)			
Name of Company					
Name of Company					
Name of Company Contact			Position		
Company Address					
Company Address					
Email: Tel No: Daytime/Mobile					
Date of Work Experience - Start:			Finish:		
·					
Type of Business No. of Employ				impleyage	
Type of Business			INO. OI E	inployees	
Employers' & Public Liability Insurance	e cover are bot	h required t	for work experien	ice.	
D	/N		.		
Does your company have Employers' Liability Insurance:	Yes/No	Name of	Insurer		
Elability Insurancei					
Policy No		Expi	ry Date		
Public Liability Insurance	Yes/No				
Public Liability Insurance	res/No				
Health & Safety Policy	Yes/No	Written	Risk Assessments	Yes	/No
Are the company premises registered with the enforcing authority? (e.g. HSE or District Yes/No					
Council)	the emorening du	choricy. (c.g	. HOL OF DISCHEE	1.03	, 110
If the student is to be based in a different location to the company address please give details:					

Section B continued (To be completed by the Employer)

PLACEMENT DESCRIPTION & RISK ASSESSMENT TO INCLUDE ANY COVID 19 MITIGATIONS To be completed by the employer

To be completed by the employer					
Job title and brief description of duties:					
Start Time:		Finish Time:			
Please confirm that you have Risk Assessments in place for the duties that students will be asked to complete		YES / NO			
Please list any prohibited or restricted areas or work equipment:	tasks,				
Are there any relevant learning/behavioral difficulties, disabilities or medical health conditions that would stop a young person working in your environment?		YES / NO (If 'Yes', please indicate what these are)			
Employer Signature		Date		I.	
Print Name		Position			

Section C (To be completed by your PARENT/CARER)

An employer participating is asked to confirm that they have Employer and Public Liability Insurance that covers a student on work experience.

Under health and safety law the student is regarded as an employee of the work experience provider for the duration of the placement. As such, the employer has the same responsibilities for the health, safety and welfare of the student as it does its other employees.

You are however required to disclose any medical conditions or additional needs the student may have to enable the employer to ensure the health, safety and welfare of the student during the placement.

Failure to disclose any medical conditions or additional needs may jeopardize the success of the placement and could invalidate your child's insurance cover.

PARENT/CARER DECLARATION:

As Parent/Carer of the student named above, I confirm that I am happy for my son/daughter to undertake their placement with the employer. I accept responsibility for him/her during the work experience including when not on site eg lunch /travel to and from the work placement I also undertake to ensure that he/she adheres to the stipulated conditions.

Please delete as appropriate*:

I confirm that he/she does/does not* have any medical condition that could result in unnecessary risk to his/her health and safety or to the health and safety of another person whilst undertaking work experience. I will ensure my son/daughter will follow all the COVID 19 mitigations put in place. I understand with the ever changing circumstances due to COVID 19 the work experience maybe cancelled

My son/daughter has the following condition(s) **:

Whilst undertaking	work experience	this means	that he/she	will/might i	need the	following
assistance support:	:					

Parent/Carer	Signature:	 	 Date:	

STUDENT DECLARATION:

As the student named above, I confirm that I have read and understood the job description. I agree to follow all safety, security and other instructions, given by the employer, both written and verbal (including any included in the Risk Assessment). I also undertake not to disclose any information confidential to the employer without the employer's approval and will not utilise Social media in an unprofessional way.

Student Signature:	Date:
Student Name (please print):	

^{**} Please also indicate if your son or daughter regularly takes any medication that needs to be brought to the Workplace.

Additional Guidance on Safeguarding: Child Protection Policy

For adults working with young people, particularly those still of compulsory school age, it is important to be aware of potentially difficult situations. To ensure that the work experience placement offers a secure and productive environment for both ourselves and the student, employers should follow the simple guidance outlined below:

TOUCH – There may be occasions when you need to touch a young person (eg only when guiding them in carrying out a technical operation) but these should be kept to a minimum.

BEHAVIOUR – whilst it is important to reassure a young person who may be nervous and will be particularly reliant on your guidance, you should avoid being over familiar. Never permit 'horseplay' which may cause embarrassment, fear or either party being uncomfortable.

INTERNET – ensure young people are not able to access unsuitable websites or send/receive inappropriate e-mails whilst in the workplace.

TRAVEL – ensure that there is a known destination and check-in times with a third party in situations where a young person will be travelling alone with an adult during the placement. It is a good idea to make available a mobile phone (or equivalent) in such situations

MENTOR – care should be taken over the choice of staff having daily responsibility for young people. Those placed immediately in charge of young people should be competent in their work role, mature in their attitudes, and yet, at the same time, be at ease with young people

ENVIRONMENT – where possible avoid being on your own in an isolated or closed environment with a young person.

DISCLOSURE – occasionally young people may disclose confidential information to a work colleague that gives rise to concern for their physical or emotional safety. In such situations you should speak to your line manager and share your concern with the school's designated safeguarding children/child protection person.

DISQUALIFICATION – you are reminded that you are required by law to protect children from harm and that employees are required, under the Criminal Justice and Court Services Act 2000, to declare if they are disqualified from working with children