

Guarantee of Own Placement for Work Experience

(Please read the Agreement for Work Experience on the reverse of this form before completing)

Placement Dates

From: 8th July 2019

to: 19th July 2019



STUDENT DETAILS

Students Name.....

Estate Only:.....Post Code:

Home Telephone No:Date of birth.....

School: **OAKGROVE SCHOOL** Tutor group:

Parent / guardian approval to the placement below:

NameSignature:.....Date:.....

Parent / Guardian emergency contact numbers

Tutor comments: Your help in completing this section is greatly appreciated.

To help locate an employer to provide appropriate work experience for this student, please provide a “mini-reference”. Please make sure this is a true reflection of the student’s capabilities and personality (both positive and negative). This will help Develop give the student the best possible chance to be successful. Employers like to be aware of any issues that may affect the student whilst on placement. It is important that you give as much information as possible.

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.....
.....

Tutor signature.....Date.....

Health/Special Needs: to be filled in by the Parent / Guardian or Tutor

Please indicate below any illnesses or other factors that employers should be aware of (e.g. asthma, colour blindness, eczema, epilepsy, hearing difficulties, etc.) **S.E.N, criminal record; English is the student’s second language? Please make it clear how this will affect the student on Work Experience.**

Health Needs:

.....
.....

S.E.N. Details:

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.....
.....

EAL Details:

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.....

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EMPLOYER DETAILS. THE COMPANY MUST HAVE EMPLOYERS LIABILITY INSURANCE

I confirm that I am prepared to offer work experience to the student named above during the "Placement Dates" shown above, subject to the approval of the school attended by the student. **Please contact Develop if you have any queries on 01525 408080.**

(PLEASE PRINT)

Name Of Company:

Address:

..... **Post Code:** **Tel No:**

Name Of Contact: **Signature:**

Email Address: **Position in Organisation:**

Date:..... **Nature Of Work Offered:**

Are you a sole trader Yes/No **How do you know this student?**

Please indicate if your company has in force the following policies, if you do not have this insurance in place work experience cannot take place:

Employers Liability Insurance Yes/ No **Date Policy Expires:**.....

Insurance Company: **Policy Number:**

Public Liability Insurance Yes/ No **Date Policy Expires:**.....

A written Health and Safety Policy (For 5 or more employees) Yes/ No

A representative from Develop will contact you shortly to finalise details.

CONDITIONS OF WORK EXPERIENCE

(To be discussed on initial visit from Develop representative).

Develop organises work experience in collaboration with employers & schools.

1. Work experience is a learning experience and the young person should be given a range of appropriate tasks to do as described in an agreed Job Description
2. The Employer will ensure that a responsible person will plan the work and the young person will receive instructions and supervision during the period of the work experience with an opportunity to discuss their progress at appropriate intervals.
3. The Employer will protect the young person from hazards and significant risks, ensuring they do not carry out work of an unsuitable nature. The employer will provide protective clothing and equipment as necessary, unless this equipment is specified as to be supplied by the student themselves on the agreed Risk Assessment.
4. The work undertaken by the young person whilst on placement will be risk assessed, taking into account the age inexperience and immaturity of each young person Develop will communicate the risk assessment to the parent or guardian of the young person prior to the commencement of the placement
5. The young person will not receive any payment for their contribution whilst on work experience; however the Employer may wish to make a contribution directly to the young person towards the cost of meals and travel.
6. The young person will work the hours shown in the agreed Job Description. Not more than 8 hours per day or 40 hours per week.
7. The Employer will ensure that they have current Employer's and Public Liability insurance to cover against accident or injury caused to each young person and will notify their insurers that work experience students are on-site.

STUDENT'S COMMENTS

Please write in the space below - What you hope to gain from work experience? Why you have made the job choice? What hobbies and interests you have

Student signature

Dated