



STUDENT'S OWN PLACEMENT FORM

Work Experience Dates: 9th – 13th July 2018

FORMS MUST BE RETURNED BY WEDNESDAY 31ST JANUARY 2018 TO YOUR TUTOR

STUDENT'S DETAILS (To be read & fully completed.)

Name: _____ Date of Birth: _____

Home Address: _____ Home Tel No: _____

Postcode: _____ Gender: Male/Female

As the student named above, I agree to take part in this work experience scheme and confirm that I have read and understood both sides of this form. I also agree to hold in confidence any information about the employer's business during the work placement and not to disclose such information to another person without the prior consent of the employer. I will observe all safety, security and other regulations laid down by the employer made known to me either by the employer's representative or by displayed instructions.

Signed: _____ Date: _____

PARENT/GUARDIAN (To be read & fully completed.)

As parent/guardian of the student named above, I confirm that I have read and understood both sides of this form, agree to my child taking part in this scheme and undertake that he/she will observe the conditions as set out.

In the interest of my child, I confirm that (* Please delete as appropriate.)

1) *He/she does not suffer from any medical condition which could result in an unnecessary risk to *his/her health or safety or to the health or safety of another person. (Should you be in any doubt please consult the school's Work Experience Coordinator before signing this form.)

2) *He/she suffers from the following medical condition (details on separate sheet) which will be conveyed to the employer.

Signed: _____ Name Printed: _____ Date: _____

EMPLOYER'S DETAILS (Both sides of this form must be read, fully completed and signed.)

Contact

Title & Name: _____ Work Experience Student's Job Title: _____

Company: _____ Start Date: _____ Finish Date: _____

Address: _____ Working Days: _____ Working Hours: _____

_____ Brief Job Description: _____

Post Code: _____

Email Add: _____ Are you already part of a centrally organized Work Experience scheme. If so

Please state the name of the organisation. EBP etc

Employers Tel Nos: _____

Type of Business: _____ Are you a Sole Trader: _____ Company Size: _____

Is the student (please circle) a) A relative b) A family friend c) Other (please state)

RISK ASSESSMENT: (required in accordance with the Health & Safety (Young Persons) Regulations 1997)

As the employer, I have undertaken a risk assessment for the tasks the Work Experience student will be involved in and have taken into account the lack of experience, awareness and maturity of the student(s) concerned.

Significant Hazards	Control Measures

PLEASE COMPLETE BOTH SIDES

**LETTER OF UNDERSTANDING BETWEEN ST PAULS CATHOLIC COLLEGE AND EMPLOYER PROVIDING
WORK RELATED ACTIVITIES**

To ensure that the principal conditions of the Work Experience Scheme and arrangements between the Employer and ST PAULS CATHOLIC COLLEGE are fully understood, please read the following essential points.

1. The student will carry out meaningful work, as described in an agreed Job Description. The employer will ensure that the work will be planned by a responsible person and the student will receive appropriate instructions and supervision during the period of the work experience.
2. The employer will ensure that the student 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
3. The employer undertakes to restrain any animal likely to cause harm to a student while undertaking Work Experience.
4. The employer recognises the need for risk assessments appropriate to the young person and the work placement, which is to be carried out before the placement commences, ST PAULS CATHOLIC COLLEGE will convey this information to the student and parent/guardian.
5. The student will not receive any payment for their work in accordance with the Education (Work Experience) Act 1973. The employer will/will not make contributions directly to the student towards the cost of meals and travelling. Details will be shown in the Job Description.
6. The student will work the hours shown on the Job Description.
7. The student will be required by ST PAULS CATHOLIC COLLEGE to sign an agreement stating that he/she:
 - will not disclose any information confidential to the employer.
 - will obey all safety, security and other instructions given by the employer.
8. The student's parents or guardian will confirm that s/he is not suffering from any complaint or medical condition which may cause hazard either to the student or to those working with him/her. ST PAULS CATHOLIC COLLEGE will advise the employer of any known details concerning the student, which may require special attention to ensure a successful placement.
9. The employer will arrange for Employers Liability (Compulsory) Insurance, Public Liability Insurance and Vehicle insurance (where applicable) and will confirm that students on work related learning schemes are covered by each policy.
10. The employer will accept or insure against liability for loss, damage or injury caused by the student whilst on work experience with the organisation, to the employer property, other employees or a third party, in the same way as for paid employees. The employer should notify their insurer of student participation in Work Experience and recognise that a student on work experience is regarded as an employee for the purposes of Health and Safety legislation and the associated duty of care.
11. In case of absence, accident or sickness, the employer will immediately notify the school whose telephone number will appear on paperwork and process any necessary reports. Appropriate welfare and first aid facilities will be provided.
12. The employer gives permission for ST PAULS CATHOLIC COLLEGE and the appropriate school to process employer personal details for the purposes of arranging work experience placements in accordance with the Data Protection Act 1998. Student's personal details are confidential and should be safeguarded in accordance with the Data Protection Act 1998.
13. The employer will permit access for monitoring purposes to representatives of ST PAULS CATHOLIC COLLEGE
14. The employer will observe the relevant legislation laid down under the 1974 Health and Safety at Work etc Act 1974, Sex Discrimination Act 1975, the Race Relations Act 1976 (as amended) and The Protection of Children Acts 1978 and 1999. The employer is reminded of his/her duty to disclose staff who are disqualified from working with children, where appropriate in accordance with The Criminal Justice and Court Services Act 2000.

Please confirm that this Letter of Understanding is acceptable to you by signing below.

EMPLOYER:

I confirm that I have read the Letter of Understanding above and that all the points are acceptable to me.

Name: _____ Position: _____

Organisation: _____

Address: _____ Telephone: _____

Signature..... Date.....

PLEASE NOTE THIS PLACEMENT CANNOT BE APPROVED WITHOUT THE FOLLOWING INFORMATION:

Employers Liability Insurance Policy Number & Company: **Expiry Date:**