



Student	Student Name		Gender	M / F
	Tutor Group		Date of Birth	
	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 which I may obtain during this work period and not to disclose any such information to another person without the Employer's permission. I also agree to observe all safety, security and other regulations laid down by the Employer and made known to me either by the Employer's representatives or by displayed instructions.			
	Signed			

Parent	As parent/ guardian of the student named above I give my permission for them to undertake work experience at the placement below. In the interest of my child I will inform the school and employer of any condition medical or otherwise which could result in unnecessary risk.			
	Signed			
	Name		Date	

Placement Information	Company Name			
	Address			
		POSTCODE		
	Contact Name		Tel No.	
	Email address		Mobile No.	
	Start and Finish Times		Lunch Provided?	Yes / No – Details...
	Dress Code (please give plenty of detail)			
	Is this placement exclusively with one member of staff?	Yes / No Yes – please give details.		
	Line Manager & Tel No.			
Student's Brief Job Description				

Employer Agreement	As a representative of the above employer I agree to the student named above working on my premises in accordance with the Letter of Understanding (see overleaf) and acknowledge my responsibilities under the Health and Safety at Work Act. The student's age and inexperience will be taken into account when agreeing tasks, and I understand that the student must not undertake prohibited activities.			
	I also sign to confirm that I have :			
	<ul style="list-style-type: none"> • Employers and Public Liability Insurance • that I have checked the student is covered by this Insurance • that I am willing to produce this certificate for the Health and Safety visitor if necessary 			
	Policy Number		Position	
	Signed		Date	
Name				

Please return this form to:
 Mrs K Standerwick, Chipping Sodbury School, Bowling Road, Chipping Sodbury, South Glos, BS37 6EW
 Tel No: 01454 862900 Fax No: 01454 862901 or email WEX@chippingsodburyschool.com

WORK EXPERIENCE PLACEMENT ASSESSMENT RECORD

Letter of Understanding between

Chipping Sodbury School and the employer providing work related activities.

As a representative of the employer providing work related activities I would like to confirm that:

THE JOB

1. The learner will carry out meaningful work, as described in an agreed job description. We will ensure that the work will be planned by a responsible person and the student will receive appropriate induction, instructions and supervision during the period of the work experience.
2. Pre 16 and Post 16 students attached to a school's work experience programme will not receive any payment for this work, in accordance with the current Education Act.
3. The hours the learner works will be in accordance with employment regulations. Consideration needs to be given for the young people under the age of 16, working hours should not exceed 37 per week.

HEALTH, SAFETY, WELFARE AND SECURITY

4. We recognise that a learner on work experience is regarded as an employee for the purposes of Health and Safety legislation and the associated duty of care. We will ensure that the learner 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. We undertake to restrain any animal likely to cause harm to a learner while undertaking work experience.
5. We recognise the need for risk assessments to be carried out for learner before the placement, and that these are communicated to the parent/guardian. We also undertake to monitor and modify risk assessments during the placement to take account of an individual student's capabilities and any changes to working practices.
6. For schools work experience, the learner's parent/guardian will be expected to confirm that they are not suffering from any medical or other condition that will create a hazard either to the learner or to those working with him/her.
7. In case of absence, accident or sickness we will immediately notify the Learners educational establishment. The learner will have access to welfare and other staff facilities including first aid.

CHILD PROTECTION

8. We accept and understand the duty of care in respect of safeguarding of young people and will consider the suitability of staff who works with them. We will disclose staff, where known, who are disqualified from working with children, where appropriate, in accordance with The Criminal Justice and Court Services Act 2000.

INSURANCE

9. We maintain Employers and Public Liability Insurance as required to indemnify our business. We will ensure that the policies are current, include cover for learners and will remain in place for any period during which we have learners on placement. We will inform our insurers whenever a learner is on placement.

DATA PROTECTION

10. We give permission to process employer personal details for the purposes of work experience and Education Business Link Activities. In accordance with the Data Protection Act 1998, learner's personal details are confidential and should be safeguarded.

STATUTORY OBLIGATIONS

11. The employer agrees to observe all relevant/current legislation, in particular relating to Health & Safety, and legislation in respect sex discrimination, race relations, disability and the Children Act.