

WORK EXPERIENCE AGREEMENT

Name:..... Placement Dates:

Company name and named contact:.....

Address:.....

.....

Email:.....

Telephone:..... Working Hours:.....

Expected duties during placement:.....

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Health declaration – Please include any health consideration that the employer needs to be made aware of including social, emotional and behavioural. School will share the information that we hold on Bromcom.

Does the student take any medication on a regular basis? Yes / No

Please give details of any information that may affect the ability to complete this placement and/or any health information that you feel relevant for the employer to know.

STUDENT AGREEMENT

1. I agree to attend the Work Experience placement every day as detailed on the Agreement Form.
2. I will arrive punctually and appropriately dressed.
3. I will carry out any tasks given to me efficiently and to the best of my ability.
4. I will express an interest and be keen to learn.
5. I will observe all safety and security regulations and follow any rules detailed by the employer.
6. I will follow the same procedures in school when using an ICT equipment.
7. I will bring any medication each day. I will also bring a packed lunch unless notified that lunch is provided.
8. I understand that failure to comply with any of the above may result in my placement ending with immediate effect.

EMPLOYER AGREEMENT

Opportunity

1. In line with safeguarding measures, we will contact the school if the student fails to arrive to their placement within 30 minutes of the start time unless the parent/carer or school has contacted informed us of their absence.
2. We will endeavour to provide the student with a varied and structured programme as detailed in the job description.
3. We will ensure the student is supported during the week by a responsible staff member to provide appropriate induction, instructions and supervision throughout any tasks the student is set.

- Working hours will be limited to those specified in the Young Workers Directive (8 hours per day, 40 hours per week), it is recommended a discussion is held with the school, parent and student if the placement will incur hours outside of 9am-5pm or at weekends.

Health, Safety, Welfare and Security

- In accordance to the Health and Safety executive I/we acknowledge that it is the employers responsibility for providing a safe workplace. The student is regarded as an employee for the purposes of Health & Safety legislation and associated duty of care.
- We will ensure that under no circumstances will the student operate hazardous machinery or carry out work of an unsuitable nature.
- We will provide protective clothing and equipment where necessary and ensure it is worn with adequate instructions given on its use.
- All duties will be covered in the young person risk assessment.

Safeguarding

We accept and understand the duty of care regarding safeguarding of young people and will consider this at all times during the placement week. We will ensure we make the school aware of any staff, where known, who are disqualified from working with children in accordance with The Criminal Justice and Court Services Act 2000 and Protection of Children Act 1999.

Insurance

We confirm that the student will be covered under the employer liability insurance policy provided to the school.

Data Protection

The students' personal details are confidential and will be treated in accordance with Data protection act and comply with GDPR legislation.

Please sign and date below

Student

I agree to follow the conditions laid out in this document throughout the duration of my placement

Signed:Date:

Parent / Guardian

I confirm I have read and understood this form and have provided any additional information in the section above. I consent to the student to complete work experience with the organisation named above. If the student is unable to attend the placement, I agree to notify the school and the employer of their absence.

I give permission for the student to leave the placement premises at lunchtime: Yes/No

I consent for my child to receive first aid treatment if required by a named first aider Yes/No

Signed: Date:

Print name:

Employer

I agree to the above-named student working on the premises in a Work Experience capacity on the dates specified above.

I have acknowledged all of the information provide on this form and will ensure reasonable adjustments will be made to support the student.

Signed:Date:

Name: Position: