

WORK EXPERIENCE AGREEMENT

Student Name:

Year / Tutor:

Placement Start Date:

Placement End Date:

EMPLOYER DETAILS

Company:

Contact Name:

Address:

Post Code:

Email:

Telephone number:

INSURANCE DETAILS

It is a requirement for any company taking a student on a Work Experience Placement to have Employers Liability Insurance (ELI) and Public Liability Insurance (PLI) in place.

Insurance Company:

Policy Number:

Expiry Date:

PLACEMENT DETAILS

Company Name:

Placement Address (if different from above):

Placement Duties/ Tasks:

AGREEMENT Student

I agree to attend the Work Experience placement every day as detailed above.

I will arrive punctually and appropriately dressed.

I will carry out the tasks given to me efficiently and to the best of my ability.

I will hold in confidence any information I receive and not disclose this information without permission. I will observe all safety and security regulations and follow any rules detailed by the employer.

Signed:

Date:

Parent/Guardian

I confirm I have read and understood this form and accompanying documents and agree to the student detailed above attending the placement as described.

I GIVE PERMISSION FOR THE ABOVE NAMED STUDENT TO LEAVE THE PLACEMENT PREMISES AT LUNCHTIME:

Signed:

Date:

Name:

Employer

I agree to the above-named student working on the premises in a Work Experience capacity on the dates specified above. We agree to abide by any and all relevant and current legislations. We will accept or insure against liability, loss, damage or injury to the student in the same way as for paid employees.

Signed:

Date:

Name:

Position: