



# **Letter of Understanding and Agreement**

Student Name:	Student Date of Birth

**Work Experience Employer Name:** 

### STUDENT AGREEMENT

Lagree to attend the Work Experience placement every day as detailed on the Agreement Form.

I will arrive punctually and appropriately dressed.

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

I will express interest and be keen to learn.

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.

I confirm I have read and understood this Letter of Understanding and agree to the student detailed on the Work Experience Agreement Form to participate in the placement as detailed.

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Student Signature:			
Name:			
Date:			
Parent / Carer Signature	<b>:</b> :		
Name:			

# **WORK EXPERIENCE EMPLOYER AGREEMENT**

### Opportunity

Date:

We will endeavour to provide the student with a varied and structured programme as detailed in the job description.

We will ensure the student is supported during the week by a responsible staff member to provide appropriate induction, instructions and supervision throught any tasks the student is set. Working hours will be limited to those specified in the Young Workers Directive, it is recommended discussion is held with the school, parent and student if the placement are outside of the hours of nine am and five pm.

(continued below)







PRINCIPAL: MISS K OGDEN CEO: MR STEVE TAYLOR | ADDRESS: KING'S OAK ACADEMY, BROOK ROAD, KINGSWOOD, BRISTOL BS15 4JT





### Health, Safety, Welfare and Security

We acknowledge that 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.

We expect the student and/or Parent/Guardian to inform us of any medical conditions which differ from those detailed on the Health Declaration.

If the student is absent, we will inform the school as soon as possible.

#### **Risk Assessment**

We recognise the need for risk assessment to be carried out IN ADVANCE of the placement. This document will be always available to the student and parent (inclusion of a copy of the risk assessment is optional).

### 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 we hold all relevant and up to date policies as detailed overleaf (inclusion of a copy of the insurance certificate is optional).

## **Data Protection**

The students' personal details are confidential and will be safeguarded at all times in accordance with the Data Protection Act 1998.

#### Confirmation

I confirm I have read and understood this Letter of Understanding and agree to the student detailed on the Work Experience Agreement Form to participate in the placement as detailed.

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Emp	loyer	Signature	9:

Name:

Date:







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