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| **WORK EXPERIENCE PARTNERSHIP AGREEMENT FORM** |
| **To be completed by student, parent, and placement provider and returned to Mrs Oversby as soon as possible and by 14th February 2020 at the latest.** |

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| **STUDENT CONSENT** I agree to participate in the work experience scheme and confirm that I have read and understood this form. I will not disclose any information confidential to the employer, which I obtain during this period of work experience. I will obey all safety security and other instructions given by the employer. |
| **PUPIL NAME (printed): FORM:** |
| **DATE OF BIRTH:** |
| **Signed:** |

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| **PARENT CONSENT** As parent of the learner I confirm that I have read the placement details and I am willing for him/her to participate in work experience with the employer for the agreed period of time. |
| ***Please tick either A or B and C or D*** |
| 1. He/she **does not** have any medical condition which could result in an unnecessary risk to his/her health or safety or to the safety of another person. |
| 1. He/she **has** a medical condition and we have completed the pink medical form and given that form the employer. |
| 1. He/she **does not** have any special educational needs that should be conveyed to the employer |
| 1. He/she has special educational needs about which **I have attached details** that should be given to the employer. |
| **I confirm that he/she must make their own arrangements for travel to and from the placement and that if he/she leaves the employer’s premises during lunch break periods, no liability can be accepted by the employer or the School for any incident that may occur. I shall discuss the arrangements for lunch and break periods with my child and make sure they are suitable.** |
| **Signed:** |
| **Name (printed):**  **Date:** |

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| **EMPLOYER CONSENT – This section must be completed in full.** |
| COMPANY NAME: |
| CONTACT NAME (including title): |
| ADDRESS: |
| POST CODE |
| TELEPHONE NO: MOBILE: |
| EMAIL OF NAMED CONTACT:    ALTERNATIVE EMAIL (in case of a change of contact person): |
| TYPE OF WORK EXPERIENCE BEING OFFERED (Job title / brief description of tasks):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 and acknowledge my responsibilities under the Health and Safety at Work Act. The student’s age and inexperience will be considered when agreeing tasks, and I understand that the student must not undertake prohibited activities. |
| **Work Experience Week: (please tick)** |
| either: 21 September – 25 September 2020  or 28 September – 2 October 2020 |
| **I also sign to confirm that, (please sign each one to confirm this)** |
| **I HAVE EMPLOYERS AND PUBLIC LIABILITY INSURANCE: Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **I HAVE CHECKED THE STUDENT IS COVERED BY THIS INSURANCE: Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **I HAVE CARRIED OUT A RISK ASSESSMENT FOR THE YOUNG PERSON ON WORK EXPERIENCE:**  **Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| I understand that these details will be kept on record in school in order to ensure good communication throughout this process and to help inform the school of future possible work experience placements. |