**Work Experience Placement Form**

**This completed form must be signed and returned to the school before work experience commences.**

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| ***Student Details*** |
| Name | Tutor Group |
| School **Sidmouth College** | Placement Period  |
| **Employer Details** |
| Company | Contact name |
| Address | Mobile no: |
|  | Employer phone no: |
|  | Email: |
| Postcode |  |
| Placement job title |
| Brief description of work experience tasks |  |
|  |  |
|  |  |
|  |  |
| Start & Finish time: | Dress code |

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| ***Student*** |
| As the student named above I agree to the following: |
| Attend this work experience placement and understand that any information obtained about the employer’s business is held in confidence and will not be disclosed without the Employer’s permission. I will adhere to all the health and safety, security and any other requirements identified by the Employer’s representatives or by displayed instructions. |
|  |
| Signed ………………………………………………………………………………….. Date ……………………….. |
|  |
| ***Parent/Guardian*** |
| As the parent/guardian of the above named student, I confirm that I have read and understood this form and any accompanying documents. I agree to the above named student attending this placement and confirm that (please delete below as appropriate) |
| * He/she ***does not suffer*** from any medical conditions
 |
| * He/she ***does suffer*** from a medical condition which will be shared with the employer from the health declaration form
 |
| Signed ……………………………………………………………………………………. Date ……………….……… |
|  |
| Name (block capitals) …………………………………………………………………... Date ………………………. |
|  |
| Employer |
| 1. As a representative of the employer I agree to the above named student working on my premises. We agree to abide by all relevant/current legislation including Health & Safety, Data Protection Act, Sex Discrimination, Race Relations, Disability and the Children’s Act. We will ensure that our Employer’s Liability Insurance will be in place to over the student and will accept or insure against liability for loss, damage, or injury caused by the student, in the same way as for paid employees.
2. You agree to your details being shared with an external organisation to carry out Duty of care checks, we will pass your details to them to enable them to carry out this process
 |
|  |
| Signed ………………………………………………………………………………………..… Date …………………… |
|  |
| Name (block capitals) ………………………………………………………Position …………………………………… |

This work experience is co-ordinated to deliver the National Careers Strategy and Gatsby Benchmark 6 - which is Experience of the Workplace to introduce students to the ‘World of Work’

Please return the completed form to nyoung@sidmouthcollege.devon.sch.uk or

Mrs N Young

Sidmouth College

Sidmouth

EX10 9LG

Questions or queries can be emailed or contact 01395514823 ext 259