



### WORK EXPERIENCE AGREEMENT FORM

#### STUDENT DETAILS

Name: \_\_\_\_\_ Group: \_\_\_\_\_  
School: **St. Katherine's School** Placement Period: **11 – 15 July 2016**

#### EMPLOYER DETAILS

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile/Direct Line: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer Tel: \_\_\_\_\_  
Town: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Placement Job Title: \_\_\_\_\_  
Brief description of work experience tasks (please continue on a separate sheet if necessary): \_\_\_\_\_

In order for a company to take a student on work experience they MUST have Employers Liability Insurance (ELI) and Public Liability Insurance (PLI). Please provide us with the following details:  
Insurance Company: \_\_\_\_\_  
ELI Policy No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

#### STUDENT

As the student named above I agree to:  
• Attend this work experience placement and hold in confidence any information about the employer's business that I may obtain and not to disclose such information to another person without the Employer's permission.  
• Observe all safety, security and other regulations laid down by the employer and made known to me either by the employer's representatives or by displayed instructions.  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### PARENT/GUARDIAN

As parent/guardian of the above named student, I confirm I have read and understood this form and the accompanying documents, agree to his/her attending this placement and he/she will observe the conditions set out. I confirm that:  
\* He/she DOES NOT suffer from any medical condition which could result in an unnecessary risk to his/her health or safety or to the health or safety of another person.  
\* He/she DOES suffer from the following medical condition which should be advised to the employer (details attached).  
\*Please delete as appropriate. Should you be in any doubt please consult the teacher responsible before signing this form  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

#### EMPLOYER

As representative of the employer I agree to the student named above working on my premises in accordance with the Letter of Understanding. We agree to abide by all relevant/current legislation including Health and Safety, Sex Discrimination, Race Relations, Disability and the Children's Act. We will ensure that our Employer's Liability Insurance will be in place to cover 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.  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Position: \_\_\_\_\_

This work experience is co-ordinated by EBP-SW on behalf of local schools and colleges in line with the national curriculum objectives to help young people gain skills for life. (EBP-SW is part of Careers South West Ltd).

**This form must be signed and returned to Mrs Sandra Pearce at the school before the work experience begins.**

# LETTER OF UNDERSTANDING

Between Education Business Partnership–South West (EBP-SW) and the Employer providing Education Business Link Activities

## OPPORTUNITY

1. The learner will carry out meaningful work, as described in the job description discussed. We will ensure that the work will be planned by a responsible person and the learner will receive appropriate induction, instructions and supervision during the period of the work experience.
2. Pre 16 and Post 16 students attached to a school's work experience programme will not receive any payment for this work, in accordance with the current Education Act.
3. Young Workers Directive limits time to 8 hours a day and max 40 per week, normally these can be between 6am–10pm. EBP-SW advises that specific arrangements between the school, parents and employer should be in place for placements that occur outside of 8am-8pm or at weekends. This is particularly important for learners under the age of 16.

## HEALTH, SAFETY, WELFARE AND SECURITY

4. We recognise that a learner on work experience is regarded as an employee for the purposes of Health and Safety legislation and the associated duty of care. We will ensure that the learner does not operate any hazardous machinery, or carry out work of an unsuitable nature, and that any protective clothing/equipment is supplied where necessary and instruction given on its use.
5. We recognise the need for risk assessments to be carried out for learner before the placement, and that these are communicated to the parent/guardian. Where the significant risks have been recorded on the job description we would expect the Educational Establishment to pass this information onto the learner/Parent/Guardian. We also agree to undertake, monitor and modify risk assessments for the placement to take account of an individual student's capabilities and any changes to working practices.
6. We will expect the learner/parent/guardian/Educational Establishment to inform us of any medical or other condition so that we can adjust our risk assessments and/or tasks accordingly.
7. In case of absence, accident or sickness we will immediately notify the learner's educational establishment. The learner will have access to welfare and other staff facilities including first aid.

## SAFEGUARDING

8. We accept and understand the duty of care in respect of safeguarding of young people and will consider the suitability of staff who works with them. We will disclose staff, where known, who are disqualified from working with children, where appropriate, in accordance with The Criminal Justice and Court Services Act 2000.

## INSURANCE

9. We maintain Employers and Public Liability Insurance policies, as required to indemnify our business. We will ensure that these policies are current, in place for any period during which we have learners on placement and that this will cover the learner. We will (as for any paid employee) accept or insure ourselves against the loss, damage or injury caused by the learner whilst a work experience employee of the company.

## DATA PROTECTION

10. In accordance with the Data Protection Act 1998, learner's personal details are confidential and should be safeguarded.
11. The learner will be reminded by the Educational Establishment that they must not disclose any information confidential to the Employer without the employers' approval.

## STATUTORY OBLIGATIONS

12. The employer agrees to observe all relevant/current legislation, in particular relating to Health & Safety, and legislation in respect sex discrimination, race relations, disability and the Children Act.



# St. Katherine's School Work Experience Health Declaration Form



<b>Name of Student:</b>		<b>Tutor Group:</b>	
<b>School:</b>	St. Katherine's School		
<b>Placement Date:</b>	11-15 July 2016		

Does your son/daughter have any medical conditions which could result in an unnecessary risk to his/her health/safety or to the health/safety of another person? <i>If yes please indicate &amp; comment below</i>	Yes	No
<b>Physical disabilities</b>		
If yes please give details:		
<b>Allergies e.g. nuts, penicillin</b>		
If yes please give details:		
<b>Skin conditions e.g. eczema</b>		
If yes please give details:		
<b>Asthmas or any other chest complaints</b>		
If yes please give details:		
<b>Hearing / Visual impairments</b>		
If yes please give details:		
<b>Heart conditions that affects their ability to do physical tasks</b>		
If yes please give details:		
<b>Diabetes / Epilepsy</b>		
If yes please give details:		
<b>Medication</b>		
If yes please give details:		
<b>Please give details of any other issues that should be considered (including emotional &amp; behavioural)</b> <i>(please continue overleaf if required)</i>		

### Parent

This information will be shared appropriately with an employer who is offering a work experience placement.

Signed		Date	
Name <i>(please print)</i>			

### Employer

I have read and acknowledge the health information above and can confirm that I will take the relevant risks into account for this placement.

Signed		Date	
Name <i>(please print)</i>		Position	
Company Name			