



Year 10 Work Experience
Placement Form
Monday 1st – Friday 5th July



Name of Student: _____ Tutor: 10

TO THE PARENT/GUARDIAN

Health & Safety Questionnaire – please tick relevant box/boxes (PLEASE COMPLETE BEFORE HANDING FORM TO THE EMPLOYER)

There are no health reasons affecting my child's ability to take part in work experience ☐

Or
Does your child have a health problem in any of the following areas, which **would affect them doing their work experience placement?**
(Please tick as appropriate)

- | | |
|---|--------------------------|
| Restrictions for normal physical activity or games | <input type="checkbox"/> |
| Skin allergies, eczéma, other allergies (e.g. nuts) | <input type="checkbox"/> |
| Bronchitis, asthma, chest complaints | <input type="checkbox"/> |
| Hearing problems or ear discharge | <input type="checkbox"/> |
| Heart disease that affects their ability to do physical tasks | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> |
| Fits or fainting attacks | <input type="checkbox"/> |
| Significant colour defect or other visual problems | <input type="checkbox"/> |
| Learning disability which may cause them not to understand instructions | <input type="checkbox"/> |
| Any other health problem (including need for regular medication) | <input type="checkbox"/> |

For any of the above which have been ticked please give details

| |
|--|
| |
|--|

SIGNED _____ (Parent/Guardian) DATE _____

TO THE EMPLOYER:

Company Details

| | | |
|-----------------|--|----------------------|
| Name of Company | | |
| Address | | |
| | | |
| | | |
| Postcode | | |
| Telephone No. | | |
| Email Address | | |
| Name of Contact | | Title (Mr/Mrs/Other) |

| | |
|--|--|
| Job Title (title of job student will be doing) | |
| Job Description (what the student will be doing) | |

About The Workplace

| | | |
|--|-------------|--------------|
| Hours & Times to be worked | | |
| Start _____ | Lunch _____ | Finish _____ |
| Please state options available for the student, i.e. where break to be taken _____ | | |
| Maximum of 37 hours in one week – between the hours of 6am – 10pm – no payment should be made to students on Work Experience – where possible student should work the normal hours of the firm – students are not permitted to work night shift. | | |

| |
|----------------------------------|
| Dress Code _____ |
| Any additional information _____ |

Authority

Name (Please print) _____ Title _____ (Mr/Mrs/Other)
 Position in the Company _____

Signature _____ Date: _____

Health & Safety (Please tick as appropriate)

- ☐ The firm/organisation has a written Health and Safety Policy as required by law for 5 or more employees
- ☐ The firm/organisation does not have a written Health and Safety Policy but has a commitment to provide a healthy and safe workplace
- ☐ The firm/organisation has **Employer Liability Insurance (REQUIRED)**
- ☐ The firm/organisation has **Public Liability Insurance (REQUIRED)**
- ☐ The firm/organisation has insurance to cover students travelling in employer's/other employees' vehicles (where applicable)

Please note we will not be able to place students where the employer does not have **both** Employer and Public Liability Insurance.

Pre-Placement Interview (In our experience students find it very rewarding having an interview prior to the placement, please indicate if you are prepared to take part in this process)

☐ Yes ☐ No

Risk Assessment

This student is below compulsory school leaving age.

Parents/Guardians and students need to know what measures are in place to control significant risks associated with the placement **before it begins**. You are not obliged to provide this information in writing; it could be passed on at a visit to your premises by the student for conveyance to his/her parent/guardian **before** they come on placement. You may find it convenient, however, to pass written information to the school who will distribute it to the student and their Parent/Guardian.

Please complete and sign one of the options below:

- Option 1:** There are no significant risks associated with this placement for this young person (please tick if appropriate) ☐
- Option 2:** The student will be told of significant risks and control measures at a pre-placement visit (please tick if appropriate) ☐

Option 3: Please complete the following table:

| Significant Risk | Measure in place to control |
|----------------------|-----------------------------|
| | |

SIGNED: _____ (Employer) DATE: _____

N.B. Employers should notify their insurers that they offer Work Experience to students to ensure that their Liability Insurance Policies are not invalidated by non-disclosure on their part. Please also note that in the event of accident or illness employers must notify the school and parent/guardian.

Employer - please return completed form to Mel Walker, Work Experience Administrator – Ilfracombe Arts College, Worth Road, Ilfracombe, Devon, EX34 9JB. Thank you.

TO THE PARENT/GUARDIAN (please complete permission slip before returning form to school)

To be completed by the Parent/Guardian when placement details have been finalised.

I have read the details concerning my child's Work Experience placement. I understand that I am responsible for organising travel arrangements to and from work experience.

Please complete **ONE** of the following

- I give my permission for _____ (Student's full name) to participate in Work Experience with the above organisation.
- I **DO NOT** give permission for _____ (Student's full name) to participate in Work Experience with the above organisation.

SIGNED _____ (PARENT/GUARDIAN) DATE _____

Parent/Guardian - please return this form to Mel Walker, Work Experience Administrator at Ilfracombe Arts College.