



WORK EXPERIENCE AGREEMENT FORM

Please complete this form in **full** as **neatly** as possible and sign in **pen**.
Please return to the careers team (room 14) at school by **10th May 2024**

Dates for Saint George’s Work Experience: 8th to 12th July 2024

Employer, parents/carers, and student: Please read the paragraphs and complete only the section which has been prepared for you.

The main purposes of this Agreement Form are to gather important information about the student’s work experience placement and to get all parties (employer, parents/carers, student, and school) to confirm, by **written** signature, that they are completely satisfied with the arrangements that are proposed. Most of the information gathered relates to Health and Safety and the wellbeing of the student. Each work experience is different and therefore another purpose of this form is to help assess the risks associated with each placement.

Health and Safety at Work: The Management of Health and Safety Regulations 1999 require all employers to assess risks to young people under 18 years old before they start work (or work experience). The assessment should take account of the young person’s lack of maturity, lack of experience etc. It should be noted that this requirement applies to young persons on work experience.

IMPORTANT INFORMATION !!!!

- **Without full completion of this form, work experience will not be authorised.**
- **Completed forms must be given into Mrs Hallam in the careers room (room 14)**
- **If a student attends a work experience placement without return of a completed form by a deadline, this will be marked as an unauthorised absence.**
- **We can only approve work experience placements where the employer has Employers’ Liability Insurance (even if family members). A copy of Employers’ Liability Insurance must be either sent by post, email or photocopy handed in by student.**
- **We will only approve placements based in the UK.**
- **Once a work placement has been authorised, student, parent/carer and employer will receive a confirmation email.**

To be completed by the student (please complete all fields):

School:	Saint Georges C of E School, Meadow Lane, Gravesend, Kent, DA11 7LS		
Student Name:			
Date of Birth:		Tutor Group:	
Emergency contact name and telephone number:			
Doctor’s surgery and phone number:			

Alternative Dates: If you intend to complete your placement on alternative dates, you must contact the careers team who must obtain written consent from Mr Lillie and parents/carers before this can be approved.

Add details of alternative dates here:

To be completed by the Employer (please complete all fields):		
Organisation Name		
Title: Mr/Mrs/Ms/Miss/Dr/Other:	Forename:	Surname:
Tel:	Mobile:	
E-Mail:		
Postal Address:		
Post Code		
Contact Details for Main Supervision / Manager		
<p>This is the address where the student will actually be working or based: These details will be used to send to the pre-placement letter, feedback form and for monitoring the student whilst on placement. If this is the same person as for correspondence (above), leave blank.</p>		
Title: Mr/Mrs/Ms/Miss/Dr/Other:	Forename:	Surname:
Tel:	Mobile:	
E-Mail:		
Postal Address:		
Post Code:		
Placement Details		
Placement Job Title:		
Placement Job Description:		
Working Days and Hours:		
Meal Arrangements:		

Please note that if the placement is only part of the week, then students are expected to be in school on the non-working days, otherwise this will be an unauthorised absence. For example, if the placement is for Wednesday, Thursday and Friday, students must attend school on Monday and Tuesday.

To be completed by the Employer (please complete all fields):	
Question	Answer
Confirm that you have Employer's Liability Insurance:	Cross out as appropriate: Yes / No
Policy Provider:	
Policy Number:	
Expiry Date:	
Copy of Employers' Liability Insurance certificate provided:	Select format: <ul style="list-style-type: none"> • By post • By email • Copy given to student to hand in to careers team.
Does the company have an appropriate risk assessment:	Cross out as appropriate: Yes / No
Does the placement and its environment carry any risks addition to a typical low risk workplace? If yes, please explain what the risks are, and how they will be mitigated. <i>A normal office would be a low-risk workplace, while a construction site for example would carry risks greater than a low-risk workplace.</i>	Cross out as appropriate: Yes / No Risk Assessment last reviewed on which date? Add date here:
The student will be supervised at all times by a responsible and competent person. Students are not permitted to work from home.	Cross out as appropriate: Yes / No
The student will be given appropriate training, instruction, and supervision on equipment they use	Cross out as appropriate: Yes / No
Confirm that your organisation has an appropriate Health & Safety policy: <i>I confirm that the organisation has a H&S policy that sets out is general approach to how it manages h&s, including who does what, when and how, if it is appropriate (including taking into account having a young person working at the organisation.</i>	Cross out as appropriate: Yes / No Health & Safety policy last reviewed on which date? Add date here:
Confirm you will follow the safeguarding policy: Physical contact should be avoided where possible, with the understanding that sometimes it is unavoidable, e.g., when it is necessary to show someone how to operate machinery. <i>If a young person confides to an adult information that gives rise to concern for the young person's safety or the safety of others, the adult should:</i> <ul style="list-style-type: none"> • Be open to listening and be non-judgemental. • Not promise to keep anything secret. • Write down everything in as much detail as possible and pass the information on asap to the school placement coordinator. 	Yes, I confirm our organisation will abide by the safeguarding policy. Please tick the box below. <input type="checkbox"/>
If the student has parent/guardian permission to travel off site in an employer's vehicle, I confirm motor insurance for business purposes is in place.	Cross out as appropriate: Yes / No
I will inform the school of any issues and any changes in contact name or site address if they arise prior to the starting date such as staffing changes.	Cross out as appropriate: Yes / No
I or parents will contact the school in the event of absence, injury or incident that occurs during the period of the placement.	Cross out as appropriate: Yes / No
Signature of Employer:	Date:

To be completed by the student (please read and complete ALL fields):

Please read

Before the work experience begins you will be told, by the employer, about the health and safety practices of the work you will be undertaking. This will include the most common risks of the work and the workplace, and how you can protect yourself and others from injury. You have a responsibility in law, and an obligation to the employer and the people you work with, to ensure that you pay attention to these safe practices. Your employer will want to be sure you understand the risks, the ways of avoiding injury and that you will be able to explain these to your parents/carers.

It is most important that you let your employer know if you do not understand an instruction, any of the safety procedures, or if you do not feel confident you can carry out the duties safely. If you have any special need(s) that may affect your work, you should agree with your parents/carers and the school, how you will explain these to people you will be working with. This may involve, for example, discussing a hearing loss or some difficulty you may have with reading instructions. Letting your employer know will help them, to help you have a successful and safe experience.

Please tick or cross as appropriate, do not leave blank

Have you attended an initial interview/meeting with the employer?

Has the employer told you about health and safety and risk assessment?

If the employer has discussed the risks with you, did you fully understand and feel that you can carry out your tasks safely?

Have you passed on this information to your parents / carers?

Student Agreement

Please read and sign

I agree to take part in work experience with enthusiasm, a sensible attitude and courtesy for all other workers, customers, and members of the public always.

I will act as a junior employee during this time and will follow all the organisation's rules.

I will have a strong regard for my own and others safety and will use safety equipment if required.

If I have any concerns or issues at work, I will tell my supervisor immediately.

I will carry out preparation work before I start my week of work experience.

I will hold all information I gain about the organisation, its customers, associates, and suppliers in confidence, unless given specific permission to share certain areas of knowledge.

I will complete a journal of my placement throughout the week as instructed by the careers team.

Signature of Student:

Date:

To be completed by Parents/Carers (please complete all fields):

Title: Mr/Mrs/Ms/Miss/Dr/Other:	Forename:	Surname:
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Please tick or cross as appropriate, do not leave blank

Has your son/daughter attended an initial interview/meeting?		If details of the risk assessment will be discussed on the first day of the placement, please confirm you consent to this	
Have you received a written copy of the risk assessment? (Preferred, not a requirement)		Are you satisfied with the employer's risk assessment?	
Has your son/daughter discussed with you the risks and risk assessment?		I consent to my child travelling to other sites in an employer's vehicle if applicable?	
Has your son/daughter any education, medical, physical conditions or requirements that need to be relayed to the employer?			

Parent / Carer Agreement

Please read and sign

If I am not satisfied with the employer's risk assessment, I will contact the Careers Team so that this matter can be discussed and resolved ahead of time. I understand that without this then the placement cannot be authorised. I will not sign and hand this form back until I am satisfied with the risk assessment, and I will actively seek to gain satisfaction.

I will ensure that my child hands this form back to the school by the agreed deadline and I will ensure it is fully completed.

I will allow my child to participate in work experience at the organisation stated on page 2.

I will encourage and support my child to make the most of work experience.

I will inform both school and the employer should my child genuinely and unavoidably need to be absent from work.

It is important that each child has a suitable placement for their individual abilities. Also, that there is no delay or misunderstanding in treatment should they be ill at work. I will state below any education, medical, physical conditions or requirements that need to be taken into consideration and it is my responsibility to relay these to the employer. **(If none please write NONE, please do not leave blank).**

I confirm that I am aware the placement provider will have primary responsibility for the health and safety of the student; the school's role is to take reasonable steps to satisfy themselves that the employer is acting responsibly.

I will update both school and employer should any changes to the conditions be noted or any new issues arise.

Signature of Parent/Carer:

Date:

To be completed by the school

Please read and sign

Consent has been obtained from parents/carers for the student to participate in work experience at the organisation stated on the form.

Both the student and placement are fully aware to contact the school in the event of absence, injury or incident that occurs during the period of the placement.

Information related to the student in relation to their suitability to their work experience and specific role to be carried out, that may restrict, delay or cause misunderstanding in treatment should the child be ill at work, including any educational, emotional, medical, physical conditions or requirements that need to be taken into consideration and have been provided to the workplace from the information provided by parents/carers on page 5 of this form.

I am satisfied that the employer has carried out a risk assessment and I am satisfied that all paperwork is completed fully and signed.

A work placement assessment has been completed looking at the health and safety management of the placement.

The suitability of the student for work experience and tasks to be carried out have been assessed by the school to allow for the placement to proceed.

Signature:

Date: