

WORK EXPERIENCE STUDENT SELF-PLACEMENT FORM

STUDENT NAME:

Male

Female

FORM:

Dates of Work Experience
Circle as appropriate

6th to 17th July 2020

6th to 10th July 2020

13th to 17th July 2020

Date of Birth:

Home Tel No:

HEALTH DECLARATION

In order to ensure that there are no unnecessary risks to the Health & Safety of this student or the Health & Safety of another person, please indicate below any medical condition the student is suffering from which the employer should be made aware of (eg: asthma). Please ensure you make a full disclosure of all existing medical conditions so that the employer can then take this into account when allocating the duties to be carried out on placement:

TO THE STUDENT:

As the student named above I agree to take part in this work experience scheme. I also agree to hold in confidence any information about the employers business which I may obtain during this work period, and not to disclose such information to another person without the employer's permission. I also agree to observe all safety, security and other regulations laid down by the employer and made known to me either by the employers representatives or by displayed instructions.

Student Signature: _____ Date: _____

TO THE PARENT/GUARDIAN:

As the parent/guardian of the student named above I confirm that I have read and understood this form and agree to his/her taking part in the scheme and understand that he/she will observe the conditions set out. I confirm the information on this form can be passed to the placement provider if necessary.

Parent/Guardian Name: _____

Signature: _____ Date: _____

(Students - Please give this form to the Employer to complete details overleaf)

TO BE COMPLETED BY THE EMPLOYER

Thank you for agreeing to take the student named overleaf on Work Experience. We would be grateful if you could complete the following information before signing the form below. By signing the form you are agreeing to provide a placement and will be contacted by the WEX Norfolk team from Norfolk County Council, on behalf of the school to conduct a health and safety check. *Please return this completed form to the student who must then ensure it is handed in to the Work Based Learning Officer at the High School.*

EMPLOYER NAME	
Placement Address	
Postcode	
Email Address	
Telephone/Fax	
Mobile	
Placement Title	
Duties to be carried out by student:	
Working Days/Times	
Meal Breaks	
Appropriate Clothing	

EMPLOYERS LIABILITY INSURANCE DETAILS

Insurance company:

Policy No: **Expiry Date:**

PLEASE NOTE

- **WITHOUT EMPLOYERS LIABILITY WE CANNOT AUTHORISE THE PLACEMENT. PUBLIC LIABILITY ALONE WILL NOT SUFFICE**
- **NOTIFY YOUR INSURANCE COMPANY BEFORE AGREEING TO A PLACEMENT TO AVOID CANCELLATION OF THE PLACEMENT AT A LATER DATE AND INCONVENIENCE FOR EVERYONE INVOLVED. Information can be found on www.hse.gov.uk**
- **MAKE A NOTE OF THE DATES ON WHICH THE STUDENT IS DUE TO UNDERTAKE WORK EXPERIENCE**

PLACEMENT AUTHORISED BY EMPLOYER:

Contact Name.....**Position**.....

Signature.....**Date**.....