



## **WORK EXPERIENCE 2018**

Year 12 work experience is scheduled to take place during the week beginning 25<sup>th</sup> June 2018 and ending 29<sup>th</sup> June 2018.\*

### **STUDENT DETAILS:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **EMPLOYER AGREEMENT – Please ask the employer to complete this section**

**Note to Employers: To offer a work experience placement you must have both Employers' Liability Insurance and Public Liability Insurance.**

Nature of Business: \_\_\_\_\_

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

Placement Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

I am prepared to offer work experience to this student from (dates):

\_\_\_\_\_ to \_\_\_\_\_

Type of work experience offered: \_\_\_\_\_

Does the working environment mean the student will be working alone with one person for more than 50% of the time? (In this context, working alone means that there is no one else in the vicinity) Yes  No

**If you have answered yes to the above question, unless the supervisor is a close relative of the student, they may be required to complete a Disclosure and Barring Service (DBS) check.**

Is the main supervisor a close relative of the student? Yes No

If yes, please indicate relationship: \_\_\_\_\_

If no, is he or she happy to complete a DBS check? Yes No

I confirm that the organisation's Employers' Liability Insurance covers the student on work experience and the organisation's Public Liability Insurance is at least £2,000,000.

**Company Contact (please print name):** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note to Employers: If necessary, our agent, Buckinghamshire Learning Trust, will contact you for health, safety, insurance and child protection (DBS check) purposes.**

## STUDENT AGREEMENT

I agree to take part in this work experience and to treat in confidence any information I may obtain about the employer's business. I also agree to obey all safety, security and other instructions given to me by the employer's representatives or in displayed instructions and to behave in a mature and sensible manner during my work placement. In the event of my absence due to sickness or other unavoidable cause I will inform my employer and the school immediately.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PARENT/GUARDIAN AGREEMENT

I, the parent/guardian of this student agree to him/her taking part in this work placement and confirm that he/she can travel to the work place indicated. In the event of his/her absence due to sickness or other unavoidable cause I will ensure that he/she notifies the employer and the school immediately.

**Does your son/daughter have any special education needs or learning difficulties?**  
Yes  No

**Does your son/daughter have a medical condition?** Yes  No

If you answered 'Yes' to either question please provide further details: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preferred telephone number:** \_\_\_\_\_

### The School Work Experience Co-ordinator is:

Mrs J Sparrowhawk          jsparrowhawk@beaconsfield.school          01494 687959

### The Work Experience Agent for required Health and Safety checks is:

Buckinghamshire Learning Trust

Karen Cox                          kcox@learningtrust.net                          07881 658993

**This form must be fully completed and returned to Mrs Sparrowhawk by Friday 4<sup>th</sup> May 2018.**

\*Permission must be granted from school for work experience outside of these dates, this will be dependent on exam dates and coursework deadlines. Students will be expected to attend school during the week beginning 25<sup>th</sup> June 2018 if they undertake work experience at another time. The maximum time allowed for work experience is one week.

