



Archbishop Temple Church of England High School

Our purpose is to provide the highest quality of education to all pupils within the context of Christian belief and practice.

The Christian ethos is at the very heart of the school which ensures that the traditional Christian values of respect, compassion and self-discipline are linked to the aspiration that every single pupil reaches their potential.

Employer Pack



Archbishop Temple Church of England High School, St. Vincent's Road,
Fulwood, Preston. PR2 8RA

This Employer pack contains the following information:

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Section [1]:

About the Employer & The Work Experience Placement

What is Work Experience:

Introducing students to the world of work can help them understand the work environment, choose future careers, or prepare for employment, giving them the opportunity to observe and practice work tasks.

Work experience is a placement on an employer’s premises in which a student carries out particular tasks with an emphasis on the learning aspects.

All students will require induction training that must include:

- Accident procedures,
- Fire alarm procedures and emergency evacuation, and
- Health & safety rules

We encourage students to have an interview with an employer in person or by telephone, prior to starting the placement.

This is an opportunity to discuss areas such as:

- Hours of work,
- Dress code and

**Employers
You will
need valid
Employers
and
Public
Liability
Insurance**

- Any specific requirements

In addition to giving students a chance to practice their interview skills.

If possible, provide the student with an outline programme for the placement to include an induction session, which will allow you to brief on Health & Safety matters and safety regulations, breaks, fire drills and accident reporting. This also allows you to set out your expectations of the student for the placement.

The students will have a Work Experience Diary with them which includes an employer review. Please review the student's [performance, skills developed, and knowledge learnt.

If the student does not turn up for their placement, please contact the school immediately.

Once the work experience has been agreed by the Employer / Business / Organisations, it is very important for the employer to complete the form below:

Business/Organisation Name	
Employers Address	
Employer Telephone Number	
Type of Business	
Employer Contact Name (Main contact person agreeing the placement)	

Employer Contact Email Address	
Work Experience Start Date	08/7/2024
Work Experience End Date	12/7/2024

About the Placement:

Student Job Role	
Hours of Work	
Dress Code or Special Clothing Required	
Lunch time supervision and welfare arrangements (please outline arrangements for lunch break, and whether they need to stay on premises or allowed to go off site)	

Lunch Time	
Lunch Facilities (canteen, packed lunch etc)	

**Section 2:
Young Person’s Risk Assessment for The Student**

The health, safety and welfare of the student must be considered, taking into account their age, inexperience, and any other factors. In most cases, employers should already have the necessary risk management arrangements in place. Please assess whether or not you need to do anything additional for the student joining you and detail the arrangements in the table below. The full set of guidelines regarding taking on a young person can be found at

www.hse.gov.uk/youngpeople/workexperience/placeprovider.htm

Specific Hazard Identified	Current control measures	Additional control for the student

Section 3:

Employer Agreement and Consent

I have read the 'Information about the Student' section and agree to take the student on a Work Experience Placement. The student will be covered by the company's Employers Liability Policy and Public Liability Policy. I confirm that a risk assessment has been completed and have been noted. We will provide induction, training, supervision, and any protective equipment that might be needed.

I confirm and agree that I have read the 'Information for Employers' Section 1 and understand my responsibility for Health & Safety and Child Protection.

Signature	
Name of signatory	
Position	
Date	

**** PLEASE ATTACH A COPY OF YOUR EMPLOYER'S LIABILITY INSURANCE CERTIFICATE TO THIS FORM.**

Section 4:

Parent/Carer Agreement and Consent

I have read Section 2 &3 of this form and agree to my son/daughter taking up this Work Experience Placement and undertaking the main duties and tasks detailed.

I have read the lunch time arrangements and discussed with my son/daughter suitable arrangements for lunch and break periods.

I am aware that if my son/daughter leaves the employers premises during lunch or break periods, no liability can be accepted by the employer or school for any incident that may occur.

Signature of Parent/Carer:

Date:

Section 5: Student Agreement and Consent

I have read Section 2 & Section 3 of this form and understand the information they contain.

Student Information

Student Contact Details:

First Name		Surname	
Date of Birth		Age (on placement)	
Home Address		Postcode	
Home Phone No		Student Mobile No	
Email Address			

Medical Information:

<i>Please provide details of any medical conditions that the employer would need to be aware of. Parents may need to discuss their child's needs with the employer in advance of the placement taking place.</i>

Parent Contact Details:

First Name		Surname	
Home Contact Number		Personal Mobile Number	
Relationship to Student			

School Contact Details:

First Name	Alistair	Surname	Gray
School Contact Number	01772717782	Emergency Contact Number	01772717782
Email Address	a.gray@archbishoptemple.com		

I agree to:

- Take part in this work experience placement
- Follow all safety, security and other regulations laid down by the employer, with through instructions, training or as displayed
- Take responsible care of my own health, safety, and welfare and that of anyone else who may be affected by my actions or omissions
- Hold in confidence any information about the employer's business which I may obtain during this work experience placement and not to disclose such information to another person without the employer's permissions.
- Follow the Code of Conduct for the Use of Social Media and Electronic devices whilst on work experience.

Signature of Student:

Date:

Section 6:**Approval & Consent**

	Yes	No	Comments/Action Taken
Work Experience Placement Management			
Placement is suitable for this student?			

Signature of Person completing this section:

Date:

Name of Person completing this section:

Date:

Section 7: WORK EXPERIENCE AGREEMENT

Please complete the relevant information below and return to **Mr Gray or Reception**

Student Work Experience Agreement

I agree to take part in the placement as described throughout this form and will adhere to the standards expected of me while at the place of work. I will follow the workplace's health and safety procedures and any training that I am required to take. I will also report any concerns I have regarding the placement and/or health and safety to a senior member of staff. I will carry out the tasks required of me during the placement to the best of my abilities.

Name		Date	
Signature			

Parent Agreement

As the parent/carer/guardian of the named student, I consent to them taking part in a work experience placement with the named employer as described throughout this form. I have advised on any medical conditions, learning differences, or other vulnerabilities the student has that may impact their ability to carry out certain duties and/or affect their health and safety. School is not liable for your son/daughter whilst they are on employer premises.

Name		Date	
Signature			

Employer Agreement

Our organisation agrees to provide the named student with a work experience placement. We also agree to provide the student with the necessary information, induction, instruction, and training so they know how to fulfil their role properly and do so safely.

Name		Date	
Signature			

