

**Form 1 - Self Placement Form and Placement Agreement**

Pupil Name ..... Form .....

Parent Contact Name and number.....

Employer Company Name.....

Placement Address .....

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Post Code .....

Name of Contact/Position in Company

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Employer Tel No .....

Employer Mobile Tel No .....

Employer Email Address

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Work Placement Job Title .....

Brief Description of duties

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## Form 2 - Employer's Undertaking Form

### I confirm that:

- We have full and up to date employer and public liability insurance.
- We will take all possible care of the student's health and safety, recognising his/her inexperience of the workplace, immaturity and lack of awareness of risks.
- We will ensure that the student performs meaningful work as previously agreed in the job description.
- We are an equal opportunities employer.
- We will not discriminate on the grounds of gender, race, disability, religion, age or sexual orientation.
- We will inform the school immediately should we for any reason have to send the student home or if the student does not turn up for work without us being contacted.
- We will inform the school of any absence by the pupil as soon as possible so that school can investigate the pupil's safety and whereabouts.
- We will inform the school immediately if the student has any sort of accident in the work place.
- The school will maintain contact with the student and the work placement for the duration of the placement.
- We have employer's liability insurance and will provide the school with the details.

### A current Employer's Liability Insurance document is required to be kept by school.

According to the Health & Safety Executive Regulations, those under the minimum school age on approved work experience schemes have different employment rights from adult workers and are subject to the following protection in respect to the hours that they can work.

- A limit of 8 hours working time a day and 40 hours a week.
- Not to work either between 10pm and 6am or between 11pm and 7am.
- They must be allowed 12 hours rest between each working day.
- They must be given 2 days weekly rest and a 30 minute in-work rest break when working longer than four and a half hours.

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

Signed ..... Date .....

Name and Position in Company.....

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### Form 3 - Pupil's Undertaking Form

#### I agree that:

- I will follow all safety, security and other rules and regulations.
- I will not disclose any confidential information which I may obtain during my placement.
- I will notify the employer and school immediately if for any reason during my placement
- I am unable to attend.

Signed ..... Date .....

Print Name ..... Form.....

#### Parents/Carers Undertaking

I agree that the above pupil may take part in the work experience programme. I have seen and I understand all conditions in the job description.

Does your child suffer from any medical conditions which may affect their health and safety, or the safety of others whilst on this placement? **YES/NO**

If **YES** please give details below. This information will be passed onto the employer for safety reasons. ....  
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For school administration attendance and punctuality must be recorded.

**ANY ABSENCES MUST BE REPORTED TO SCHOOL ON THE DAY, BEFORE 9AM, BY TELEPHONING 01772 421909**

Any early departure or planned absences must have school permission prior to the event. Any absences without permission will incur an unauthorised absence being recorded.

#### Comments:

Signed by parents/carers .....

Print Name..... Date.....

## Work Experience 2024 Checklist

**Pupil Name** .....

**Form** .....

Please ensure all of the following documents are enclosed in a plastic wallet and indicate this by ticking the corresponding box.

Form 1 - Self Placement Form and Placement Agreement

Form 2 – Employer’s Undertaking Agreement

Form 3 - Pupil’s Undertaking Agreement

Copy of the Company’s Employer’s Liability Insurance