

**YEAR 12 WORK EXPERIENCE****STUDENT APPLICATION FORM**

This form should be completed neatly in black ink and signed by your parent/guardian and the employer offering your placement. This form **must** be completed and returned by the given deadline for you to proceed with the work experience process.



<b>School/College Name</b>		<b>Work Experience dates</b>	
<b>Work Experience co-ordinator Name</b>		<b>School Tel. No.</b>	

<b>Student Name</b>		<b>Form/Tutor group</b>	
<b>Date of Birth</b>		<b>Male/Female</b>	
<b>Home Address</b>		<b>Home Tel. No.</b>	
		<b>Mobile No.</b>	
<b>Post Code</b>		<b>Email address</b>	
<b>Emergency Contact name</b>		<b>Emergency Tel. No.</b>	
<b>Relationship to student</b>			

**PARENT/GUARDIAN- please complete this section**

Please indicate below any medical condition/s and/or special needs this student has which a placement provider should be aware of in order to carry out a suitable and sufficient risk assessment.

Eg: Asthma, allergies, hay fever, colour blindness, epilepsy, diabetes, eczema, phobias, learning difficulties, Failure to notify us of any condition could put a student at risk.

--

**PARENT/GUARDIAN AGREEMENT – to be signed by parent /guardian**

I agree to the above student undertaking work experience. I agree to the placement as outlined by the employer below. I have provided relevant medical information above.

I understand that parents/guardians have responsibility for safety whilst the student is travelling to and from the placement. I understand I must inform the employer & school of any absence during the work placement.

I understand that the employer has responsibility to ensure that so far as is reasonably practical all necessary health and safety measures will be taken during the placement and that no external health and safety checks will be undertaken.

<b>Parent/Guardian signature</b>		<b>Date</b>	
----------------------------------	--	-------------	--

**NOTE TO STUDENT:**

On placement **you must** observe all health, safety, security and other rules laid down by the employer and made known to you verbally, in writing, or by displayed instructions and hold in confidence any information about the employer's business that you may obtain during the placement and not to disclose such information to any other person without the employer's permission.

**WORK EXPERIENCE PLACEMENT INFORMATION****Employer:**

This form tells the school that you have offered a placement to this student. Please complete the form and sign it, so we know that this is a **real** placement offer. Thank you.

<b>Name of organisation offering placement</b>			
<b>Address</b>		<b>Contact's Name</b>	
<b>Post Code</b>		<b>Contact's job title</b>	
<b>Telephone No.</b>		<b>Email address</b>	
<b>Are there any specific health and safety risks posed to the student during this placement?</b>		<b>How will this be addressed? E.g. safety equipment, training</b>	
<b>Placement job title and/or description</b>			

<b>Placement Confirmation</b>			
I confirm that the student named above has been offered a placement with me/us for the dates stated. I understand I/we will need Employer Liability Insurance in place for the period the student is with me/us I understand I/we accept primary responsibility for the health and safety of the student who is with me/us.			
<b>Employer signature</b>		<b>Date</b>	
<b>Employer Name</b>		<b>Employer job title</b>	