

**WORK EXPERIENCE
STUDENT APPLICATION FORM – STUDENT FINDING PLACEMENT**

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.

School/College Name	Blessed George Napier R.C. School	Work Experience dates	Monday 23 rd to Friday 27 th March 2020
Work Experience co-ordinator Name	Mrs Lillis	School Tel. No.	01295 264216

Student Name		Form/Tutor group	10
Date of Birth		Male/Female	
Home Address		Home Tel. No.	
		Mobile No.	
Post Code		Email address	
Emergency Contact name		Emergency Tel. No.	
Relationship to student			

List the subjects you are studying		Which three subjects do you like most	
		List any of your subjects which require work experience as part of the course	
List any interests or hobbies you have		List any achievements you have, such as music exams, sports certificates / awards, Duke of Edinburgh Award, School awards etc	
List any Saturday jobs, after school, holiday jobs or voluntary work you have had			

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.

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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 understand this information will be held by Oxlep work skills. 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 practicable all necessary health and safety measures will be taken during the placement and will share risk assessment information with me and that the employer will be/have been checked by Oxlep.

Parent/Guardian signature		Date	
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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.

Name of organisation offering placement			
Address		Contact's Name	
Post Code		Contact's job title	
Telephone No.		Email address	
Placement job title and/or description			

Placement Confirmation

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 may be contacted by OxLep work skills to discuss the placement in further detail.

Employer signature		Date	
Employer Name		Employer job title	