



WORK EXPERIENCE AGREEMENT FORM

Please complete this form in **full** as **neatly** as possible and sign in **pen**.

Please return to the careers team at school by **31st March 2023**

Dates for Work Experience are 10th July 2023 to 14th July 2023

Careers Team: Ms Jordan (Careers Lead) and Mrs Hallam (Careers Administration)
Tel: 01474 533082 ext: 3086 **E-Mail:** hallama@saintgeorgescofe.kent.sch.uk
Location: Room 14

Employer, parents/carers, and student: Please read the paragraphs and complete only the section which has been prepared for you, please also complete it in the following order.

- Student: Page 1
- Employer: Page 2 and 3
- Student: Page 4
- Parent / Carer: Page 5
- School: Page 6

The main purposes of this Agreement Form are to gather important information about the student's work experience placement and to get all parties (employer, parents/carers, student and school) to confirm, by **written** signature, that they are completely satisfied with the arrangements that are proposed. Most of the information gathered relates to Health and Safety and the wellbeing of the student. Each work experience is different and therefore another purpose of this form is to help assess the risks associated with each placement. Without **full** completion of this form, work experience cannot be authorised.

Health and Safety at Work: The Management of Health and Safety Regulations 1999 require all employers to assess risks to young people under 18 years old before they start work (or work experience). The assessment should take account of the young person's lack of maturity, lack of experience etc. It should be noted that this requirement applies to young persons on work experience.

To be completed by the student:

School:	Saint Georges C of E School, Meadow Lane, Gravesend, Kent, DA11 7LS		
Student Name:			
Date of Birth:		Tutor Group:	
Emergency contact name and telephone number:			
Doctor's surgery and phone number:			

To be completed by the Employer:**Organisation Name****Contact Details for Correspondence****Title: Mr/Mrs/Ms/Dr/Other:****Forename:****Surname:****Tel:****Mobile:****E-Mail:****Postal Address:****Post Code****Contact Details for Main Supervision / Manager****This is the address where the student will actually be working or based:**

These details will be used to send to the pre-placement letter, feedback form and for monitoring the student whilst on placement. If this is the same person as for correspondence (above), leave blank.

Title: Mr/Mrs/Ms/Dr/Other:**Forename:****Surname:****Tel:****Mobile:****E-Mail:****Postal Address:****Post Code:**

To be completed by the Employer			
Placement Details			
Placement Job Title:			
Placement Job Description:			
Requirements:			
Working Hours:			
Meal Arrangements (e.g., packed lunch, money for canteen)			
Employers' Liability Insurance			
Insurer and Policy Number:			
Expiry Date:			
Health and Safety / Risk Assessment - Please tick or cross as appropriate, do not leave blank			
Under The Management of H&S Regulations 1999, it is the employer's responsibility to ensure that the parents/carers of its work experience student are aware of the employer's risk assessment and control measures in connection with this experience			
Has the student attended an initial interview/meeting		The student will be supervised at all times by a responsible and competent person	
A risk assessment has been completed and control measures put in place taking into account the student's health, inexperience and lack of awareness		You have discussed the issues arising from your risk assessment with the student (verbally or written)	
You have discussed the issues arising from your risk assessment with parents/carers (verbally or written)		The student will be given appropriate training, instruction, and supervision on equipment they use	
A written risk assessment has been provided to parent/carers (preferred, not mandatory)		If no written risk assessment, are you satisfied that the student will be able to relay the risk assessment to his/her parents/carers	
Do you require any help in connection with work experience or risk assessment			
Employer Agreement			
<p>I am an authorised representative of the employer and accept the student named on page 1 on work experience.</p> <p>I confirm that the information on this form is correct, and that Employers' Liability Insurance is in place for the duration of the placement.</p> <p>I agree to accept or insure myself against liability for loss, damage or injury caused by the student, while acting as a servant of the organisation, to the employer's property, other employers or a third party. (e.g., Public Liability)</p> <p>If the student has parent/guardian permission to travel off site in an employer's vehicle, I confirm motor insurance for business purposes is in place.</p> <p>I will inform the school of any issues and any changes in contact name or site address if they arise prior to the starting date.</p> <p>I or parents will contact the school in the event of absence, injury or incident that occurs during the period of the placement.</p> <p>Signature of Employer: _____ Date: _____</p>			

To be completed by the Student

Please read

Before the work experience begins you will be told, by the employer, about the health and safety practices of the work you will be undertaking. This will include the most common risks of the work and the workplace, and how you can protect yourself and others from injury. You have a responsibility in law, and an obligation to the employer and the people you work with, to ensure that you pay attention to these safe practices. Your employer will want to be sure you understand the risks, the ways of avoiding injury and that you will be able to explain these to your parents/carers.

It is most important that you let your employer know if you do not understand an instruction, any of the safety procedures, or if you do not feel confident you can carry out the duties safely. If you have any special need(s) that may affect your work, you should agree with your parents/carers and the school, how you will explain these to people you will be working with. This may involve, for example, discussing a hearing loss or some difficulty you may have with reading instructions. Letting your employer know will help them, to help you have a successful and safe experience.

Please tick or cross as appropriate, do not leave blank

Have you attended an initial interview/meeting with the employer?		Has the employer told you about health and safety and risk assessment?	
If the employer has discussed the risks with you, did you fully understand and feel that you can carry out your tasks safely?		Have you passed on this information to your parents / carers?	

Student Agreement

Please read and sign

I agree to take part in work experience with enthusiasm, a sensible attitude and courtesy for all other workers, customers, and members of the public at all times.

I will act as a junior employee during this time and will follow all the organisation's rules.

I will have a strong regard for my own and others safety and will use safety equipment if required.

If I have any concerns or issues at work, I will tell my supervisor immediately.

I will carry out preparation work before I start my week of work experience.

I will hold all information I gain about the organisation, its customers, associates, and suppliers in confidence, unless given specific permission to share certain areas of knowledge.

I will complete a journal of my placement throughout the week as instructed by the careers team.

Signature of Student:

Date:

To be completed by Parents/Carers**Title: Mr/Mrs/Ms/Dr/Other:****Forename:****Surname:****Please tick or cross as appropriate, do not leave blank**

Has your son/daughter attended an initial interview/meeting?

Has your son/daughter discussed with you the risks and risk assessment?

Have you received a written copy of the risk assessment? (Preferred, not a requirement)

Are you satisfied with the employer's risk assessment?

I consent to my child travelling to other sites in an employer's vehicle if applicable?

Parent / Carer Agreement**Please read and sign**

If I am not satisfied with the employer's risk assessment, I will contact the Careers Team so that this matter can be discussed and resolved ahead of time. I understand that without this then the placement cannot be authorised. I will not sign and hand this form back until I am satisfied with the risk assessment, and I will actively seek to gain satisfaction.

I will ensure that my child hands this form back to the school by the agreed deadline and I will ensure it is fully completed (see page 1)

I will allow my child to participate in work experience at the organisation stated on page 2.

I will encourage and support my child to make the most of work experience.

I will inform both school and the employer should my child genuinely and unavoidably need to be absent from work.

It is important that each child has a suitable placement for their individual abilities. Also, that there is no delay or misunderstanding in treatment should they be ill at work. I will state below any education, medical, physical conditions or requirements that need to be taken into consideration and it is my responsibility to relay these to the employer. **(If none please write NONE, please do not leave blank).**

I will update both school and employer should any changes to the conditions be noted or any new issues arise.

Signature of Parent/Carer:**Date:**

To be completed by the School

Please read and sign

Consent has been obtained from parents/carers for the student to participate in work experience at the organisation stated on the form.

Both the student and placement are fully aware to contact the school in the event of absence, injury or incident that occurs during the period of the placement.

Information related to the student in relation to their suitability to their work experience and specific role to be carried out, that may restrict, delay or cause misunderstanding in treatment should the child be ill at work, including any educational, emotional, medical, physical conditions or requirements that need to be taken into consideration and have been provided to the workplace from the information provided by parents/carers on page 5 of this form.

I am satisfied that the employer has carried out a risk assessment and I am satisfied that all paperwork is completed fully and signed.

A work placement assessment has been completed looking at the health and safety management of the placement.

The suitability of the student for work experience and tasks to be carried out have been assessed by the school to allow for the placement to proceed.

Signature:

Date: