



YEAR 12 VIRTUAL WORK EXPERIENCE AGREEMENT FORM

Please complete this form in **FULL** and sign in **pen**.
Please return to the careers team (room 14)

Employer, parents/carers, and student: Please read the paragraphs and complete only the section which has been prepared for you.

The main purposes of this Agreement Form are to gather important information about the student's work experience placement and to get all parties (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.

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.

- This year we have introduced flexible times to ensure that Year 12 students have opportunity to experience the employers that interest them, who won't always offer work experience in one set week
- When you attend Work Experience it is your responsibility that **you must catch** up on any work you have missed in your classes.
- The Exclusion Dates mean students cannot take WEX and must attend school. These dates include key exam and assessment times. The exclusion dates are:
 - 2nd to 30th September 2024
 - 2nd October 2024
 - 12th November 2024
 - 2nd to 6th December 2024
 - 28th February 2025
 - 22nd April to 2nd May 2025
 - 14th to 22nd July 2025

IMPORTANT INFORMATION!!!!

- **Without full completion of this form, work experience will not be authorised.**
- **Completed forms must be given into Mrs Hallam in the careers room (room 14)**
- **If a student attends a work experience placement without return of a completed form by a deadline, this will be marked as an unauthorised absence.**
- **Once a work placement has been authorised, student, parent/carer and employer will receive a confirmation email.**

To be completed by the student (please complete all fields):

School:	Saint Georges C of E School, Meadow Lane, Gravesend, Kent, DA11 7LS		
Student Name:			
Date of Birth:		Tutor Group:	

Details of virtual work experience including dates, number of hours. If you have a confirmation email of registration, please also send this to Mrs Hallam.

Note: We will need to obtain written consent from school and parents/carers before the virtual work experience can be authorised

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 answer Yes, No or N/A as appropriate, do not leave blank

Have you attended an (on-line) interview with the employer?		Has the (on-line) employer told you about the risks in regard to the on-line work experience and how these are to be reduced?	
Has you discussed the risks (as raised by the employer involved in the on-line work experience with your parents/carers?			

To be completed by the student:

Student Agreement

Please read and sign

I agree to take part in work experience with enthusiasm, a sensible attitude and courtesy for all others.

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.

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

I will carry out any necessary 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.

I will send a copy of my completion certificate (if I receive one) to Mrs Hallam and will add it to my Unifrog locker

Signature of Student:

Date:

To be completed by Parents/Carers (please complete all fields):

Title: Mr/Mrs/Ms/Miss/Dr/Other:	Forename:	Surname:
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Please answer Yes, No or N/A as appropriate, do not leave blank

I confirm I give permission for my child to participate in this (Virtual) Work Experience for the dates provided at home.		Has your son/daughter discussed with you the risks (as raised by the employer involved in the on-line work experience and how these are to be reduced?)	
Has your son/daughter attended an (on-line) interview with the employer?		Have you received a written copy of the employer's risk assessment? (preferred but not a requirement)	
Are you satisfied with the employer's risk assessment and satisfied that the organisation will provide a safe (on-line) environment for work experience?		I confirm I give permission for Saint George's C of E School to transfer the following information on behalf of this student to Speakers for Schools, and any other employers offering (Virtual) Work Experience: forename, surname, ethnicity, free school meals / pupil premium status, in-care status, SEN status, and English as a second language (including details thereof).	

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 and I will ensure it is fully completed.

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 the virtual work experience.

Medical conditions/special needs - Please indicate any medical conditions (such as epilepsy or asthma) or special needs (such as reading difficulties) that may affect your son/daughter's on-line work experience. As appropriate, the school will liaise with you about how best to share any information you have given with the employer. This information will always be treated sensitively and confidentially. **(If none please write NONE, please do not leave blank).**

I confirm that I am aware the placement provider will have primary responsibility for the health and safety of the student; the school's role is to take reasonable steps to satisfy themselves that the employer is acting responsibly.

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.

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: