

Student Name:

Date of Birth:

Placement date:

Employer to complete **Section A**

**SECTION A – Employer Information and declaration**

Full Name of company:	Address:
Telephone:	Postcode:
Contact name in relation to this placement:	Email address:  Mobile Number:
Details of Work Involved:	
Hours of Work – Am to Pm (include Lunchtimes):	
Special requirements for the placement e.g. clothing, shoes, protective clothing, rules on make-up or jewellery, etc:	
<p><b>Insurance</b></p> <p>The firm listed above is covered by Public Liability and Employers' Liability Insurance policies, which take consideration of the activities of the students on work experience. This Public Liability and Employers' Liability insurance will be effective and valid during the period of the work experience placement.</p> <p><input type="checkbox"/> <b>Please tick</b></p>	

## SDHS Work Experience Form

### Health & Safety

The company has a Health & Safety Policy in place and will ensure that the student concerned will be made aware of all the necessary aspects to ensure a safe working environment.  **Please tick**

### Prohibited Activities and / or Equipment

No activities prohibited by law would be undertaken by the student nor which might be unsuitable for him / her on medical grounds (e.g. because of asthma, colour blindness, epilepsy or some other disability). Neither will the student be expected to handle toxic or volatile substances which may prove harmful to him / her.

**Please tick**

### Safeguarding

This student is below compulsory school leaving age.

Parents and students need to know what measures are in place to control significant risks associated with the placement **before it begins**.

Please **select one of the options** below in relation to risk information:

There are no significant risks associated with this placement for this student

Significant risks and control measures are outlined below:

Significant Risk/s	Measure in place to control

### Employer Commitment

1. I agree to explain Health and Safety rules clearly to the student on the first day of placement.
2. I agree to introduce the student to a named person to act as their mentor throughout their placement.
3. I agree to provide the student with a range of tasks that will give them a realistic insight into the sector and provide opportunity for the student to develop employability skills.

## **SDHS Work Experience Form**

4. I agree to inform the South Devon High School immediately if the student does not comply with the student commitment as outlined below.
5. I agree to complete feedback on the student's achievements and areas for development at the end of the placement.

Signed.....(Employer)

Print Name.....(Employer)

Date.....

### **SECTION B – Parent or Guardian confirmation**

Please sign here to confirm you are happy for your young person to attend the above placement.

Signed..... (Parent / Guardian)

Print Name.....(Parent / Guardian)

Date.....

### **SECTION C – Student declaration**

#### **Student Commitment**

1. I agree to follow all Health and Safety rules as explained by the College and employer. I understand that I have the same duty of care as all other employees.
2. Where required, I agree to wear appropriate uniform and/or badges at all times when on the premises and return these in good condition at the end of the placement.
3. I agree to follow all policies and regulations of the employer and made to me verbally, in writing or displayed in the place of work.
4. I understand that the employer can accept no responsibility for loss or damage to personal property whilst on the employer's premises.
5. I agree to inform the employer and South Devon High School of any absence or possible lateness as soon as possible.

## SDHS Work Experience Form

6. I agree to hold in confidence any information learned about the business during my work experience and not disclose this information without consent from the employer.
7. I agree to behave appropriately during my time on work experience. I understand that inappropriate behaviour will result in removal from the placement and possible disciplinary from South Devon High School.
8. Complete a pre and post work experience questionnaire.

Signed..... (Student)

Print Name..... (Student)

Date.....