

## CORNWALL SCHOOLS WORK EXPERIENCE SCHEME

# Work Experience Placement Approval & Consent Form 2015 - 2016

This form is designed to enable the student, employer, parents or carers and the school to share essential information to make sure the health, safety and welfare of the student has been considered and that all the partners approve of the placement taking place.

### Instructions for Completion



- Step 1** - Parents/carers fill in section 1.
- Step 2** - Employer fills in section 2 (pages 2 and 3) and signs page 4 and returns the form to the student or parent/carer or the school.
- Step 3** - Parent/carer and the student read details provided by employer and sign consent on page 4 then return the form to the school.
- Step 4** - The School completes the Approval and Consent section on page 4.

### Section 1 - INFORMATION ABOUT THE STUDENT

Placement Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of School/SSS : \_\_\_\_\_

Telephone Number of School/SSS : \_\_\_\_\_

Tutor Group:

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Age in years : \_\_\_\_\_

Address: \_\_\_\_\_

Post Code \_\_\_\_\_ Tel. No: \_\_\_\_\_ Emergency Contact Tel. No:- \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

#### **Essential Information relevant to Health, Safety and Welfare**

In order for the employer to provide a safe placement it is essential that any medical or other significant information that may affect your son/daughter's health and safety is provided. Would you please complete the information below:

Does your son/daughter:-	NO	YES
Have any restrictions of normal physical activity?	<input type="checkbox"/>	<input type="checkbox"/> *
Have skin allergies or eczema?	<input type="checkbox"/>	<input type="checkbox"/> *
Have bronchitis, asthma or chest complaints?	<input type="checkbox"/>	<input type="checkbox"/> *
Have fainting attacks or fits?	<input type="checkbox"/>	<input type="checkbox"/> *
Have any hearing disability?	<input type="checkbox"/>	<input type="checkbox"/> *
Have any significant colour vision defect or other vision disability?	<input type="checkbox"/>	<input type="checkbox"/> *
Have any learning/behavioural difficulty that may affect their ability to understand or act on instructions?	<input type="checkbox"/>	<input type="checkbox"/> *
*Please give any relevant details:-          		
Have any other health problems that may affect their safety and welfare, including the need for regular medication? If so please outline the details:    		
Have a specific disability and/or a Care Plan? If so please give brief details:    		
Any other information you would like to make the employer aware of that could affect the health, safety and welfare of your son/daughter:       		

I agree that the above information can be seen by the employer and that the school can disclose any information that they feel is relevant to the health, safety and welfare of my son/daughter whilst on the above work experience placement solely for the purposes of the Work Experience Scheme.

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2 - ABOUT THE EMPLOYER AND THE PLACEMENT

You Will Need Public  
and Employers  
Liability  
Insurance

Name of Company/Organisation \_\_\_\_\_

Address \_\_\_\_\_

Post Code: \_\_\_\_\_ Type of business: \_\_\_\_\_

Are you a 'sole trader' (a company run by one individual with no employees)? YES  NO

if **No**, then please add number of employees: \_\_\_\_\_ (include part-time people)

Main Contact (person agreeing placement) \_\_\_\_\_ Job Role/ Position \_\_\_\_\_

Main Contact Telephone No: \_\_\_\_\_ Mobile No:- \_\_\_\_\_ Email: \_\_\_\_\_

### ABOUT THE PLACEMENT

Days of Work (please circle): Mon Tues Wed Thurs Fri for 1 week or 2 weeks or \_\_\_\_ weeks (Extended only)

Hours of Work: \_\_\_\_\_

Dress code or special clothing required:- \_\_\_\_\_

#### Lunch Time Supervision and Welfare Arrangements

Please outline the arrangements for the lunch break supervision : e.g. must stay on the premises, can go off site, can come and go as need be etc. \_\_\_\_\_

Lunch Time \_\_\_\_\_ to \_\_\_\_\_ Lunch Facilities (e.g. Canteen available, packed lunch etc) \_\_\_\_\_

### SUPERVISION

Name of the main person responsible for supervising the student during the placement: \_\_\_\_\_

Job Role/ Position in Organisation \_\_\_\_\_

Will the student be under the direct supervision of more than one person during their placement? YES  NO

If **YES** please give the following details:-

Name of Additional Supervisor	Position/Job Role in Organisation

I can confirm that the people who will be supervising the student are competent to deal with this student and to my knowledge have not been restricted or barred from working with children.  Please Tick

### THE WORKING ENVIRONMENT

Please can you give some idea of the environment(s) the student will be working in e.g. on building sites, working in a client's home, in a busy office, etc. as this may not be obvious from the students job role.

#### WORKING ONE-TO-ONE

Will the student be working in isolation with the same person for the majority of their placement, e.g. on the premises, outdoor location, travelling in a vehicle? YES  NO

If **YES** please give brief details:-

### PHYSICAL CONTACT

Will you or any of your employees need to have physical contact with the student either as a normal part of the job or as part of any training? YES  NO

If **YES** please give brief details:-



**Section 4** ( To be completed AFTER Sections 1,2,and 3 have been completed)

**EMPLOYER AGREEMENT and CONSENT**

I have read the 'Information About the Student' section above and I agree to take the student on a Work Experience Placement and where possible, an outline programme for the placement will be provided. The student will be covered for insurance purposes by the company's **Employer's Liability Policy AND Public Liability Policy** and where applicable the Vehicle Insurance Policy. All of these policies take consideration of the activities of students on work experience. The student will also be covered by our Health and Safety Policy and associated Risk Assessments including the Young Persons Risk Assessment. I have completed the Young Persons Risk Assessment on this consent form or our own Young Persons Risk Assessment document(s) is/are attached. I have read the "Information for Employers" leaflet and understand my responsibility for Health & Safety issues and Child Protection and agree to abide by the 'statement of principles' for child protection.

I am aware that some or all of the information contained on this form may be stored either manually or electronically in accordance with the Data Protection Act. I consent to this for the purposes of education, particularly for the Work Experience Scheme, during which this information will be used by the School, Cornwall Education Business Partnership and the Parent/Carer for health, safety and welfare reasons.

**NB: *this placement can only be approved if both public liability & employer's liability insurance are current.***

**Signature:-** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Signatory:-** \_\_\_\_\_ **Position:-** \_\_\_\_\_

**PARENT/CARER AGREEMENT and CONSENT**

I have read the 'Information About the Employer and Placement' and the 'Young Persons Risk Assessment' sections and agree to my son/daughter taking up this Work Experience Placement and undertaking the main duties and tasks detailed. I have read the lunch time arrangements for this placement and have discussed suitable arrangements for lunch and break periods with my son/daughter and I am aware that if my son/daughter leaves the employer's premises during lunch or break periods, no liability can be accepted by the employer or the school for any incident that may occur.

I am aware that some or all of the information contained on this form may be stored either manually or electronically in accordance with the Data Protection Act. I consent to this for the purposes of education, particularly for the Work Experience Scheme, during which this information will be used by the School, Cornwall Education Business Partnership and the Employer for Health and Safety reasons.

**Signature of Parent/Carer:-** \_\_\_\_\_ **Date:-** \_\_\_\_\_

**STUDENT AGREEMENT and CONSENT**

I have read the 'Information about the Employer and the Placement' and the 'Young Persons Risk Assessment' sections and understand the information they contain. I agree to:-

- take part in this Work Experience Placement;
- follow all safety, security and other regulations laid down by the employer, either through instructions, training or as displayed;
- take reasonable care of my own health, safety and welfare and that of anyone else who may be affected by my actions or omissions;
- hold in confidence any information about the employer's business which I may obtain during this work experience placement and not to disclose such information to another person without the employer's permission.
- follow the Code of Conduct for Use of Social Media and Electronic Devices while on work experience.

**Signature of Student:** \_\_\_\_\_ **Date:-** \_\_\_\_\_

**SCHOOL'S APPROVAL AND CONSENT**

Both sections below **must** be completed

<b>School Use Only:</b>	New Provider: Y / N
Veryan Job Ref. No:	Date completed form received:
	Date entered on Veryan:

<b>Work Experience Placement Management</b>	<b>YES</b>	<b>NO</b>	<b>COMMENT/ACTION TAKEN</b>
<b>Employer DBS check required</b>			
<b>Placement is suitable for this student</b> In particular, please add a comment if the placement is working with children			

**Signature of person completing this section :-** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of person completing this section:-** \_\_\_\_\_ **Position** \_\_\_\_\_