**ABBEYFIELD SCHOOL WORK PLACEMENT FORM**

This form is to be completed by all parties involved in the arrangements for Work Placement for the student named below. A student will not be permitted to undertake Work Placement without this form being completed in full.

|  |  |
| --- | --- |
| Last Name |  |
| First Name(s) |  |
|  | |
| Address |  |
|  |  |
|  |  |
|  |  |
| Postcode |  |
| Telephone |  |
| Date of Birth |  |
| Parent e-mail |  |
| Tutor group |  |
|  | |
| Work placement job title |  |
| Start date |  |
| Finish date |  |
| Working hours |  |
| Information about medical conditions of which the Employer should be aware |  |
| Please note any  particular educational strengths and weaknesses including placement on SEN register |  |
| Method by which  I intend to travel to my work placement |  |
| Abbeyfield School Contact |  |

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Employers Details Student Name …………………………………………………………..

|  |  |
| --- | --- |
| Company name |  |
| Contact name |  |
|  | |
| Address |  |
|  |  |
|  |  |
|  |  |
| Postcode |  |
| Telephone |  |
| Fax number |  |
| E-mail |  |
|  | |
| Certificate of Employers Liability Insurance policy number and date of expiry |  |
| Certificate of Public Liability Insurance policy number and date of expiry |  |
| Please note: In order for an Employer to take a student on work placement they must hold both of the insurance certificates above | |
| Work placement job title |  |
| Working hours |  |
| Brief description of what the student will be doing |  |
| Clothing requirements |  |
| Lunch arrangements |  |
| Other notes |  |
|  |  |
|  |  |
|  |  |
|  |  |

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Employer:

As a representative of the above Employer I agree to the student named above working on my premises in accordance with our letter of understanding (see overleaf) and acknowledge my responsibilities under the Health and Safety at Work Act.

|  |  |
| --- | --- |
| Name (printed) |  |
| Position |  |
| Signed |  |
| Date |  |

Student:

As the student named on this form I agree to take part in this work placement scheme and confirm that I have read and understood all of this form. I agree to hold in confidence any information about the Employer’s business which I may obtain during this work placement and not to disclose any such information to another person without the Employer’s permission. I agree to observe all safety, security and other regulations laid down by the Employer and made known to me either by the Employer’s representatives or by displayed instructions.

|  |  |
| --- | --- |
| Signed |  |
| Date |  |

Parent

As parent/guardian of the student named on this form I have read and understood all of this form and agree to his/her taking part in this work placement and undertake that he/she will observe the conditions set out.

In the interest of my child I confirm that I have given any necessary medical information on this form that should be conveyed to the Employer. I confirm that no other medical condition exists which could result in unnecessary risk to his/her health or safety or the health/safety of another person.

|  |  |
| --- | --- |
| Signed |  |
| Date |  |

**This form should be returned to the school work placement co-ordinator as soon as possible.**

**ABBEYFIELD SCHOOL WORK PLACEMENT FORM**

**Letter of understanding between Abbeyfield School and Employers providing work related activities.**

**These notes explain the framework within which Work Placement is conducted. This school activity has been organised in accordance with the Education (Work Experience) Act 1973.**

1. **The student will carry out meaningful work as described in an agreed job description. The Employer will ensure that a responsible person will plan the work and the student will be given appropriate instruction, training and supervision.**
2. **The Employer will ensure that the student does not operate any hazardous machinery, work in a hazardous environment or carry out work of an unsuitable or objectionable nature, and that any special or protective clothing/equipment is supplied where necessary.**
3. **The student will NOT receive any payment for this work. The Employer may contribute directly to the student towards cost of travel and meals but this is not an obligation.**
4. **The student will not be allowed to work outside the hours and dated stipulated on the form unless the prior agreement of the school and parent or guardian is obtained.**
5. **A teacher from the school may in consultation with the Employer visit the student during the course of the Work Placement.**
6. **The student and their parent/guardian will undertake to work within the specific terms outlined on this form in regard to confidentiality and medical conditions.**
7. **The Local Authority will take out Personal Accident Insurance to cover the student against injury caused by accident during the course of his/her work with the Employer.**
8. **The Employer will arrange for Employer’s liability insurance cover against accident or injury caused to a student by the negligence of the Employer or another employee.**
9. **The Employer will, as would be the case for paid employees, accept or insure against liability for loss, damage or injury caused by the student, whilst acting as a servant of the organisation.**
10. **In case of absence, accident or sickness the Employer will notify, by telephone and without delay, the Headteacher of Abbeyfield School, or Mr Stewart and the student’s home. The student will be entitled to use whatever first aid facilities the Employer provides.**
11. **The Employer will observe all current legislation in particular that relating to Health and Safety, Sex Discrimination, and Race Relations and is aware and implements “Management of Health and Safety at Work Regulations 1999”.**
12. **Mr James Algar will undertake a risk assessment appropriate to young people and communicate this to their parents.**

**Contacts:**

**Abbeyfield School**

**Stanley Lane**

**Chippenham**

**SN15 3XB**

**01249 464500**

**Fax: 01249 464545**