

Please return to:
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STUDENT'S WORK EXPERIENCE FORM

The Student must return this fully completed form by 20th March 2020

Section A (To be completed by the Student)

School: **Longsands Academy** Tutor Group: _____

Student's Name: _____ Date of Birth: _____

Student's Home Telephone Number: _____ Email: _____

Name of Company/Employer/Placement: _____

Date of Placement: 29th June – 3rd July 2020

Student Signature _____ **Date** _____

Section B (All section must be completed by the Employer)

Name of Company: _____

Name of Company Contact: _____ Position: _____
Mr/Mrs/Miss/Ms/Other

Company Address: _____

Email : _____ Tel No: Daytime/Mobile: _____

Date of Work Experience - Start: _____ Finish: _____

Type of Business: _____ No. of Employees: _____

Employers' & Public Liability Insurance cover are both required for work experience.

Does your company have **Employers' Liability Insurance:** **Yes/No** Name of Insurer: _____

Policy No: _____ Expiry Date: _____

Public Liability Insurance **Yes/No**

Health & Safety Policy **Yes/No** **Written Risk Assessments** **Yes/No**

Are the company premises registered with the enforcing authority? (e.g. HSE or District Council) **Yes/No**

If the student is to be based in a different location to the company address please give details:



Section B continued (To be completed by the Employer)

**PLACEMENT DESCRIPTION & RISK ASSESSMENT
To be completed by the employer**

Job title and brief
description of duties:

Start Time:

Finish Time:

Lunch time:

Length of lunch break:

Please confirm that you have Risk Assessments in place for the duties that students will be asked to complete

YES / NO

Please list any prohibited or restricted tasks, areas or work equipment:

Will there be any manual handling?

YES/NO

Working at heights is prohibited.

Are there any relevant learning/behavioral difficulties, disabilities or medical health conditions that would stop a young person working in your environment?

YES / NO
(If 'Yes', please indicate what these are)

Dress Code:

Mobile Phone Policy:

Any other information relevant to the student:

Travel Arrangement:

Student's own arrangements/other (please give details).

Access to drinking water?

Any provision for lunch i.e. shop/canteen/facilities etc. Please give details.

Will the student require a packed lunch?

| | |
|---------------------------|-----------------|
| Employer Signature | <i>Date</i> |
| Print Name | <i>Position</i> |



Section C (To be completed by your PARENT/CARER)

An employer participating is asked to confirm that they have Employer and Public Liability Insurance that covers a student on work experience.

Under health and safety law the student is regarded as an employee of the work experience provider for the duration of the placement. As such, the employer has the same responsibilities for the health, safety and welfare of the student as it does its other employees.

You are however required to disclose any medical conditions or additional needs the student may have to enable the employer to ensure the health, safety and welfare of the student during the placement.

Failure to disclose any medical conditions or additional needs may jeopardize the success of the placement and could invalidate your child's insurance cover.

PARENT/CARER DECLARATION:

As Parent/Carer of the student named above, I confirm that I am happy for my son/daughter to undertake their placement with the employer. I accept responsibility for him/her during the work experience including when not on site eg lunch /travel to and from the work placement I also undertake to ensure that he/she adheres to the stipulated conditions.

Please delete as appropriate:*

I confirm that he/she does/does not have any medical condition that could result in unnecessary risk to his/her health and safety or to the health and safety of another person whilst undertaking work experience*

*My son/daughter has the following condition(s) **:*

Whilst undertaking work experience this means that he/she will/might need the following assistance support:

Parent/Carer Signature: Date:

** Please also indicate if your son or daughter regularly takes any medication that needs to be brought to the Workplace.



Additional Guidance on Safeguarding: Child Protection Policy

For adults working with young people, particularly those still of compulsory school age, it is important to be aware of potentially difficult situations. To ensure that the work experience placement offers a secure and productive environment for both ourselves and the student, employers should follow the simple guidance outlined below:

TOUCH – There may be occasions when you need to touch a young person (eg only when guiding them in carrying out a technical operation) but these should be kept to a minimum.

BEHAVIOUR – whilst it is important to reassure a young person who may be nervous and will be particularly reliant on your guidance, you should avoid being over familiar. Never permit ‘horseplay’ which may cause embarrassment, fear or either party being uncomfortable.

INTERNET – ensure young people are not able to access unsuitable websites or send/receive inappropriate e-mails whilst in the workplace.

TRAVEL – ensure that there is a known destination and check-in times with a third party in situations where a young person will be travelling alone with an adult during the placement. It is a good idea to make available a mobile phone (or equivalent) in such situations

MENTOR – care should be taken over the choice of staff having daily responsibility for young people. Those placed immediately in charge of young people should be competent in their work role, mature in their attitudes, and yet, at the same time, be at ease with young people

ENVIRONMENT – where possible avoid being on your own in an isolated or closed environment with a young person.

DISCLOSURE – occasionally young people may disclose confidential information to a work colleague that gives rise to concern for their physical or emotional safety. In such situations you should speak to your line manager and share your concern with the school’s designated safeguarding children/child protection person.

DISQUALIFICATION – you are reminded that you are required by law to protect children from harm and that employees are required, under the Criminal Justice and Court Services Act 2000, to declare if they are disqualified from working with children