

WORK EXPERIENCE STUDENT PLACEMENT FORM


SECTION 1
Student Details

Name of Student:	Date of Birth:	
School/College: Melbourn Village College	Year Group:	Tutor Group:
Work Experience Dates: 10 th to 14 th July 2023.		

SECTION 2: Ask your work experience employer to complete the information below:
A: Employer Details (note all information marked * must be completed)

*Employer Name: Type of Business: (eg: Engineering/Architects)
Please give details of your Employer Liability Insurance below:
*Name of Insurer:
*Policy Number:
*Expiry Date:
*Does your company have a health & safety policy: Yes/No
*If more than 5 employees, does your company have a written risk assessment? Yes/No
We recommend you notify your insurers that a work experience student will be on the premises.
Do procedures comply with COVID-19 Government and PHA Guidelines Any relevant Covid-19 risk assessments or procedures have been drawn to the student and may include guidance on cleaning, handwashing and hygiene procedures, social distancing, use of face-coverings and any actions taken to reduce risks of exposure to coronavirus (COVID-19) in the workplace.

*Opportunity title (e.g. Office assistant):	
*Address of Company/Organisation:	
	*Postcode:
*Name of contact at company/organisation:	
*Email:	*Tel No:
Job title of contact:	

Note to student: When you are inputting this data, see overleaf for date of approval

C: Vocational Profile: Opportunity Description: (To be completed by company/organisation)

*Breakdown of key tasks to be performed by student during work experience placement: 1. 2. 3. 4.


SECTION 2 (continued): Ask your work experience employer to complete the information below:
D: Student Information and requirements:

<p>*Dress Code (please tick all that apply):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Smart casual</td> <td><input type="checkbox"/> Long hair tied back</td> </tr> <tr> <td><input type="checkbox"/> Practical workwear</td> <td><input type="checkbox"/> Minimal, no dangly jewellery</td> </tr> <tr> <td><input type="checkbox"/> No jeans or trainers</td> <td><input type="checkbox"/> No jewellery, nail varnish or strong perfume/aftershave</td> </tr> <tr> <td><input type="checkbox"/> Enclosed footwear</td> <td><input type="checkbox"/> Safety footwear may be required for site visits, to be discussed</td> </tr> <tr> <td><input type="checkbox"/> Safety footwear</td> <td><input type="checkbox"/> Sturdy, flat, enclosed, sensible footwear</td> </tr> <tr> <td><input type="checkbox"/> Outdoor clothing</td> <td><input type="checkbox"/> Waterproofs may be required</td> </tr> <tr> <td><input type="checkbox"/> Appropriate sportswear</td> <td><input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Smart casual	<input type="checkbox"/> Long hair tied back	<input type="checkbox"/> Practical workwear	<input type="checkbox"/> Minimal, no dangly jewellery	<input type="checkbox"/> No jeans or trainers	<input type="checkbox"/> No jewellery, nail varnish or strong perfume/aftershave	<input type="checkbox"/> Enclosed footwear	<input type="checkbox"/> Safety footwear may be required for site visits, to be discussed	<input type="checkbox"/> Safety footwear	<input type="checkbox"/> Sturdy, flat, enclosed, sensible footwear	<input type="checkbox"/> Outdoor clothing	<input type="checkbox"/> Waterproofs may be required	<input type="checkbox"/> Appropriate sportswear	<input type="checkbox"/> Other:
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<p>Will any of the following be provided by the organization? (please tick all that apply)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Mask</td> <td><input type="checkbox"/> Hi-vis jacket</td> </tr> <tr> <td><input type="checkbox"/> Goggles</td> <td><input type="checkbox"/> Gloves</td> </tr> <tr> <td><input type="checkbox"/> Overalls</td> <td><input type="checkbox"/> Apron</td> </tr> <tr> <td><input type="checkbox"/> Hard hat</td> <td><input type="checkbox"/> Chef's whites</td> </tr> <tr> <td><input type="checkbox"/> Ear defenders</td> <td><input type="checkbox"/> Company top/uniform</td> </tr> <tr> <td><input type="checkbox"/> Safety footwear</td> <td><input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Mask	<input type="checkbox"/> Hi-vis jacket	<input type="checkbox"/> Goggles	<input type="checkbox"/> Gloves	<input type="checkbox"/> Overalls	<input type="checkbox"/> Apron	<input type="checkbox"/> Hard hat	<input type="checkbox"/> Chef's whites	<input type="checkbox"/> Ear defenders	<input type="checkbox"/> Company top/uniform	<input type="checkbox"/> Safety footwear	<input type="checkbox"/> Other:		
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<p>*Interview Required: Yes / No</p>	<p>Any Specific Skills Required:</p>														

E: Availability

<p>*Working days and times (e.g. Mon-Fri 9-5pm):</p>

F: Employer: We will provide a placement for the named student

<p>*For and on behalf of (company / organisation):</p>	
<p>*Signed:</p>	<p>*Name: (please print in capitals)</p>
<p>*Date:</p>	<p>*Tel No:</p>

SECTION 3

<p>Parent/Carer: As parent/carer of the student named I confirm that I agree to his/her taking part in this scheme. I confirm that he/she does not suffer from any medical condition which could result in an unnecessary risk to his/her health or to the health or safety of another person.</p> <p>I confirm that my child will be able to travel to his/her work placement.</p>		
<p>*Signed:</p>	<p>*Parent/Carer Name:</p>	
<p>*Email:</p>	<p>*Tel No:</p>	