

## 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:		

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

<b>*Employer Name:</b>  <b>Type of Business:</b> (eg: Engineering/Architects)
<b>Please give details of your Employer Liability Insurance below:</b>
*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
<b>We recommend you notify your insurers that a work experience student will be on the premises.</b>
<b>Do procedures comply with COVID-19 Government and PHA Guidelines</b> <b>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.</b>

*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)**

<b>*Breakdown of key tasks to be performed by student during work experience placement:</b> 1. 2. 3. 4.
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**SECTION 2 (continued): Ask your work experience employer to complete the information below:**
**D: Student Information and requirements:**

\*Dress Code (please tick all that apply):

- |                                                 |                                                                                           |
|-------------------------------------------------|-------------------------------------------------------------------------------------------|
| <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:                                                           |

Will any of the following be provided by the organization? (please tick all that apply)

- |                                          |                                              |
|------------------------------------------|----------------------------------------------|
| <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:              |

The learner will have to provide the following (please tick all that apply):

- |                                          |                                   |
|------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Safety footwear | <input type="checkbox"/> Overalls |
| <input type="checkbox"/> Other:          |                                   |

\*Meal break details:

- |                                           |                                                                        |
|-------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Bring own lunch  | <input type="checkbox"/> Meal free (ie. lunch provided free of charge) |
| <input type="checkbox"/> Bring own drinks | <input type="checkbox"/> On-site facilities (e.g. canteen, microwave)  |
| <input type="checkbox"/> Drinks provided  | <input type="checkbox"/> Purchase off site (e.g. local café)           |

Meal break duration:

- |                                     |                                             |
|-------------------------------------|---------------------------------------------|
| <input type="checkbox"/> 30 minutes | <input type="checkbox"/> Appropriate breaks |
| <input type="checkbox"/> 45 minutes | <input type="checkbox"/> To be arranged     |
| <input type="checkbox"/> 1 hour     |                                             |

\*Interview Required: **Yes / No**

Any Specific Skills Required:

**E: Availability**

\*Working days and times (e.g. Mon-Fri 9-5pm):

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

\*For and on behalf of (company / organisation):

\*Signed:

\*Name: (please print in capitals)

\*Date:

\*Tel No:

**SECTION 3**

**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.

**I confirm that my child will be able to travel to his/her work placement.**

\*Signed:

\*Parent/Carer Name:

\*Email:

\*Tel No: