**2023\_24 WORK EXPERIENCE STUDENT PLACEMENT FORM**

**SECTION 1**

**Student Details**

|  |  |  |
| --- | --- | --- |
| Name of Student: | Date of Birth: | |
| School/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)**

As part of work experience, remote health and safety checks will be conducted with the Employer and done via email or telephone by Form the Future, these need to be completed successfully for the student to start their placement

|  |
| --- |
| **\*Employer Name:** |
| **Type of Business:** (eg: Engineering/Architects) |
| **Please give details of your Employer Liability Insurance below:** |
| \*Name of Insurer: |
| \*Policy Number: |
| \*Expiry Date (this must cover the work experience placement dates): |
| \*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.** |

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

***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:**

|  |  |  |  |
| --- | --- | --- | --- |
| \*Dress Code (please tick all that apply):   |  |  | | --- | --- | | * Smart casual * Practical workwear * No jeans or trainers * Enclosed footwear * Safety footwear * Outdoor clothing * Appropriate sportswear | * Long hair tied back * Minimal, no dangly jewellery * No jewellery, nail varnish or strong perfume/aftershave * Safety footwear may be required for site visits, to be discussed * Sturdy, flat, enclosed, sensible footwear * Waterproofs may be required * Other: | | |
| Will any of the following be provided by the organization? (please tick all that apply)   |  |  |  | | --- | --- | --- | | * Mask | * Ear defenders | * Chef’s whites | | * Googles | * Safety footwear | * Company top/uniform | | * Overalls | * Hi-vis jacket | * Other: | | * Hard hat | * Apron |  | | |
| The learner will have to provide the following (please tick all that apply):   |  |  |  | | --- | --- | --- | | * Safety footwear | * Overalls | * Other: | | |
| \*Meal break details:   |  |  |  | | --- | --- | --- | | * Bring own lunch | * Bring own drinks | * Drinks provided | | * On-site facilities (e.g., canteen, microwave) | * Purchase off site (e.g., local café) | * Meal free (i.e., lunch provided free of charge |   Meal break duration:   |  |  |  | | --- | --- | --- | | * 30 minutes | * 45 minutes | * 1 hour | | * Appropriate breaks | * To be arranged |  | | |
| \*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: | |
| Storage and Processing:   Form the Future will store the information specified above in digital or print formats for a period of up to five years. Any data stored in the cloud is hosted within the United Kingdom or European Economic Area. Form the Future is the data controller and responsible for the personal data covered in this consent. Form the Future complies with the requirements of all legislation and regulatory requirements in force from time to time relating to the use of the data covered in this consent; and processes the data in accordance with the privacy notice located on our website ([www.formthefuture.org.uk/privacy-policy](http://www.formthefuture.org.uk/privacy-policy)), which you acknowledge by giving us your consent. | |