**Career Experience Agreement Form**

This form must be completed and returned to the School when a student has sourced their own career experience placement. It is essential that the school is informed so that the required health and safety and insurance checks can be carried out by a Career Experience Coordinator.

|  |  |  |
| --- | --- | --- |
| Pupil Name |  | Form |
| **Employers Information** |
| Company Name |  |
| Address |  |
| Contact name |  | No. of employees |  |
| Phone |  |
| Email |  |
| Nature of Business |  |

|  |  |
| --- | --- |
| Job Title |  |
| Brief description of work experience job role and any special dress code |  |
|  |
| Date of Work Experience |  |
|  |
| Working Hours | From: Until: |

**Employers Liability (Compulsory) Insurance**

Employers Liability (Compulsory) Insurance: Without these details below, the placement form will not be accepted. Please attach a photocopy of your current ELI policy if possible or email it to:

6thformoffice@st-edwards.poole.sch.uk

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Insurer |  | Policy Number |  | Expiry Date |  |

PTO…

|  |  |  |
| --- | --- | --- |
| Does your company have any staff members under the age of 18? | Yes | No |
| If the answer above is no, please ensure that any risk assessments are reviewed for supervising under 18’s |

|  |  |  |
| --- | --- | --- |
| Will the work experience involve any activities that are medium risk or high risk? (for details please see bottom of this page.) | Yes | No |
| If yes, you confirm that you will risk assess and provide suitable training / supervision / equipment for the risks to be managed effectively. |

Employer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Information**

|  |
| --- |
| How was the placement found? Is it through a friend, relative, neighbour? Did you write a letter, email, telephone or visit the employer? |
|  |
| Has your son / daughter passed on information regarding any medical conditions that the employer should be aware of? |
|  |

As a parent / carer, I agree to my son / daughter attending this particular career experience placement.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6th Form Approval:**

6th form leader signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Examples of types of work:*

*Low risk: Office / shop work. Everyday risks that the student would be familiar with*

*Medium risk: Light assembly work / working outdoors*

*Higher risk: Construction / agriculture / working at heights / manufacturing / working around water*