

STUDENT ARRANGED PLACEMENT FORM Sheffield

Business & Education South Yorkshire
Templeborough Offices
Sheffield Road
Rotherham S60 1DX



business &
education
south
yorkshire

STUDENT DETAILS (BLOCK CAPITALS PLEASE)

School Name: High Storrs School, Sheffield

Student Name : _____ Form: _____

Student Signature: _____

COMPANY DETAILS (BLOCK CAPITALS or attach a compliments slip or business card to this form, please)

Company Name: _____

Address: _____

Postcode: _____

Telephone: _____ Fax: _____

WWW: _____ Email: _____

COMPANY CONTACT DETAILS (BLOCK CAPITALS PLEASE)

Contact Name: _____ Position: _____

Telephone: _____ Mobile: _____

Email: _____

JOB DETAILS (BLOCK CAPITALS PLEASE)

Job Title: _____ Dates: From **02/07/12** To **06/07/12**

Working days: _____ Working hours: _____

Tasks/Duties: _____

As a representative of the company, I agree to this student undertaking a Work Experience placement with us in accordance with the details above. I confirm that the company:

(Delete as applicable)

- 1) Is already involved in the Business & Education South Yorkshire Work Experience programme..... YES NO
- 2) Offers this place in addition to our existing/normal commitment YES NO
(Students may already be allocated existing places, please don't let them down.)
- 3) Is not currently involved in the Work Experience programme, but is willing to provide placements in the future .. YES NO
- 4) Has Employer Liability insurance (please give details below) YES NO
Insurance company Policy No. Expiry date.....
- 5) Has a written Health and Safety policy (if 5 or more employees) YES NO

Signature: _____ Date: _____

Thank you for agreeing to take part in this Work Experience placement. Business & Education South Yorkshire will send you confirmation of the allocated student in advance of the placement start date.

Please would you tell us, how did the student find this placement?

To ensure that we have the correct details of you and your company, please could you attach a compliments slip or business card to this form. Thank you. **[Please turn over]**

PARENT / CARER'S SECTION

1. **PLEASE NOTE THAT** Work Experience is meant to be an experience of work that is interesting and enjoyable and is not intended to be training for a particular career or job.
2. **Hours of work – Travelling/Fares - Lunches** Are shown on the Job Description and indicate hours permitted to work including weekend working, travel arrangements needed and lunches. Also tasks involved in the role and any Personal Protective Equipment needed. Including safety boots (to be provided by student)
3. **Please note lunchtimes may not be supervised.**
4. **Reporting absence** – It is the Student's/Parent's/Carer's responsibility to contact the School and the Employer if your son or daughter is going to be absent for any reason whilst on placement.
5. **Reporting accidents/incidents** – It is the responsibility of the Parent/Carer to contact either the School/Business & Education or the Local Authority about accidents or incidents.

PARENT / CARER'S SECTION

In order for the risk assessment to be carried out according to your son/daughters specific needs this section MUST be completed and returned to school.

Please indicate whether your son/daughter has any of the following health conditions. Please indicate in the box below any other conditions which may effect the work placement.

Colour blindness	YES/NO	Hearing difficulties	YES/NO	Epilepsy	YES/NO
Impaired sight	YES/NO	Asthma/Eczema	YES/NO	Allergies (incl food)	YES/NO
Please indicate any other condition or information you feel is important:					

As parent/carer, I support my child's placement choices and travel to work areas and agree to him/her undertaking Work Experience.

Signed: _____

Name: _____

Date: _____

TEACHER'S SECTION

1. **Reporting absence** – The school will inform the employer and Business & Education South Yorkshire of any absence as soon as it is known and by any meaningful way available.
2. **Risk Assessments/Safe systems of Work** – The school must provide any relevant medical and educational details that may effect the risk assessment in the section below.
3. **Review** – The school will visit/contact the provider by whichever means appropriate on at least one occasion during the work experience period .Business & Education South Yorkshire will notify the employers that this will be carried out at a convenient time and the school will contact them directly.
4. **Reporting accidents/incidents** – It is the schools responsibility to inform the Principle Health and Safety Officer, Corporate Health and safety section.

Please identify any information regarding individual students' needs, which may impact upon their health, safety and welfare whilst on placement:

Signed: _____

Name: _____

Date: _____