

# Student self-placement form for work experience



<b>Student name:</b>		<b>Male</b>	<b>Female</b>
<b>Year group:</b>	<b>School/academy/college:</b>		
<b>Form:</b>			
<b>Dates of work experience</b>			
<b>From:</b>		<b>To:</b>	
<b>Date of birth:</b>	<b>Home tel no:</b>		

## Health declaration

In order to ensure that there are no unnecessary risks to the Health & Safety of this student or the Health & Safety of another person, please indicate below any medical condition the student is suffering from which the employer should be made aware of (eg: asthma). Please ensure you make a full disclosure of all existing medical conditions so that the employer can then take this into account when allocating the duties to be carried out on placement:

## To the student:

As the student named above I agree to take part in this work experience scheme. I also agree to hold in confidence any information about the employers business which I may obtain during this work period, and not to disclose such information to another person without the employer's permission. I also agree to observe all safety, security and other regulations laid down by the employer and made known to me either by the employers representatives or by displayed instructions.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## To the parent/guardian:

As the parent/guardian of the student named above I confirm that I have read and understood this form and agree to his/her taking part in the scheme and understand that he/she will observe the conditions set out. I confirm the information on this form can be passed to the placement provider if necessary.

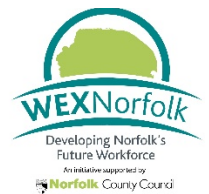
**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Please give this form to the employer to complete details overleaf)

## To be completed by the employer

Please ensure you attach a copy of your Employers Liability Insurance to this form when you return it to the student. If you do not/cannot provide a copy then we cannot authorise the placement.



- Without employers liability we cannot authorise the placement. Public Liability Insurance alone will not suffice
- Notify your insurance company before agreeing to a placement to avoid cancellation of the placement at a later date and inconvenience for everyone involved. Information can be found on [www.hse.gov.uk](http://www.hse.gov.uk)

Employer name	
Contact name	
If you are related to the student please state your relationship:	
<b>Employers Liability Insurance Details</b>	
Insurance company	
Policy no	
Expiry date	
Placement address	
Postcode	
Email address	
Telephone/Fax	
Mobile	
Placement title	
Duties to be carried out by student:	
Working days/times	
Meal breaks	
Appropriate clothing	

**Make a note of the dates on which the student is due to undertake work experience.**

Please return a signed copy of this form to the student, this confirms you are agreeing to provide a placement to the named student. You will be contacted by the WEX Norfolk team from Norfolk County Council, Children's Services, on behalf of the school to conduct a health and safety assessment.

**Student - Once the employer has completed the form please return to the placement organiser ASAP at the school/academy/college.**

# To be completed by the school/academy/college



Placement authorised by:

Contact Name \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



All reasonable efforts have been made to ensure that the information in this publication was correct at time of going to press (June 2018)

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