**Year 10 Work Experience – Information for employers, parents/carers & pupils**

Work experience gives pupils the opportunity to understand what employees do in a specific role by experiencing it first-hand and actively doing tasks for a company on voluntary basis. This experience helps pupils to understand what skills they need to develop to do this role in the future, as well as developing their skills in the short term.

The purpose of this information sheet is to ensure that all parties involved understand their responsibilities. Please read the entire document and complete/sign the relevant section below to acknowledge that you are satisfied with the arrangements and understand your commitment. We realise that these arrangements take a lot of employers’ valuable time, and we would like to thank you for taking part in a fantastic opportunity for our pupils.

**Work Experience Dates – Monday 1st July 2024-Friday 5th July 2024**

|  |  |  |  |
| --- | --- | --- | --- |
| **LEARNER DETAILS** | | | |
| **Pupil Name** |  | | |
| **Date of Birth** |  | | |
| **Gender** |  | | |
| *I agree to participate in the work experience scheme and confirm that I have read and understand the form. I will not disclose any information confidential to the employer, which I obtain during this placement. I will obey all safety, security and other instructions given by the employer*.  **Learner Signature:** | | | |
| **DO YOU SUFFER FROM** | | **CIRCLE YOUR ANSWER** | **DETAILS OF ANY MEDICATION REQUIRED** |
| **Migraines** | | **Y/N** |  |
| **Epilepsy** | | **Y/N** |  |
| **Diabetes** | | **Y/N** |  |
| **Asthma** | | **Y/N** |  |
| **Hearing impairment** | | **Y/N** |  |
| **Mobility problems** | | **Y/N** |  |
| **Allergies** | | **Y/N** |  |
| **Any other illnesses** | | **Y/N** |  |

**Parental Consent**

As parent/guardian of the pupil I confirm that I have read the placement details, and I am willing for them to participate in the work experience placement for the agreed period. I also confirm that my child is medically fit to undertake the placement and that they do not suffer from any medical condition which could result in unnecessary risk to their health and safety, and/or that of other people.

I confirm that if my child leaves the employer’s premises during lunch break periods, no liability can be accepted by the employer or the Academy for any incident that may occur. Once on the placement, parents should discuss the arrangements for lunch and break periods with their child to ensure that they are suitable.

I understand that if my child is unable to attend the work placement due to illness, I must contact the work placement and the Academy by 9am.

If the placement ends early, your child is expected to attend school where they will be supported with a virtual work experience.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name:** |  |
| **Date:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Letter of understanding for the employer providing a work experience placement**  The learner will carry out meaningful work, as described in the agreed job description. The employer will ensure that the work will be planned by a responsible person and the learner will receive appropriate instruction and supervision during the work experience.    The employer will identify key member(s) of staff from the organisation to support the young person on  the placement. The employers must ensure that their employees and workplace supervisors know exactly what is expected of them to support the pupil and be aware of their legal responsibilities.    An appropriate level of supervision of young people must be always provided.    The employer understands that the learner is to be treated as an employee with respect to Health and Safety legislation. The employer will ensure that the learner does not operate any hazardous machinery, or carry out work of an unsuitable nature, and that any protective clothing/equipment is supplied, when necessary, with appropriate instruction for its use. Any animals that may cause harm to a learner must be appropriately restrained.    The employer understands their duty of care to the learner on the work of placement, particularly in respect of the principles described in the Child Protection Guidance. The employer also understands that staff members who are disqualified from working with children should be disclosed, as appropriate, in accordance with The Criminal Justice and Court Services Act 2000.    The employer understands that they must carry out a risk assessment of the placement and this must be communicated to the parent/carer of the learner who is to undertake the placement before the placement commences. The employer also undertakes to monitor the placement in the light of the learner's capabilities and to modify the risk assessment if necessary.    The employer will arrange for Employers’ Liability Insurance, Public Liability Insurance, and vehicle insurance, as appropriate, and will confirm that the learner on the work experience placement is covered by the appropriate policies. The employer will accept, or insure against liability for loss, damage or injury caused to or by the student, while on the placement, just as for paid employees. The employer will notify their insurer of the learner's participation in work experience.    The employer will observe the relevant legislation laid down in the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, the Sex Discrimination Act 1975, and the Race Relations Act 1976.    In case of learner absence, accident or sickness, the employer will immediately notify the school. The learner will be allowed to use whatever first aid facilities the employer provides.    Occasionally young people may relate personal confidential information to a work colleague that gives rise to concern for their physical or emotional safety. In such situations you should alert the school’s work placement co-ordinator and Safeguarding lead immediately.  Details below   |  |  | | --- | --- | | School contact for absence: | Gail Nolan – Attendance Manager  [g.nolan@bwa.kevibham.org](mailto:g.nolan@bwa.kevibham.org)  0121 464 9901 | | School contact for any other issues: | Yolanda Duckworth – Work Experience Lead & DDSL  [y.duckworth@bwa.kevibham.org](mailto:y.duckworth@bwa.kevibham.org)  0121 464 9901 | | Assistant Headteacher & names DSL | Kieran Lynch  [k.lynch@bwa.kevebham.org](mailto:k.lynch@bwa.kevebham.org)  0121 464 9901 |     The employer will allow representatives from the appropriate educational establishment to visit the placement for monitoring purposes.    The employer gives permission for the educational establishment or its representatives to process employer personal details for the purposes of work experience and Education Business Link Activities, in accordance with the Data Protection Act 1998. Learners' personal details are confidential and should be safeguarded in accordance with the Data Protection Act 1998.    The learner will not receive any payments for this work in accordance with the Education (Work Experience) Act 1973. The employer may choose to contribute directly to the learner towards the cost of meals and travelling. Details will be included in the job description.    The learner will work the hours shown on the agreed job description. These must conform with employment regulations as they apply to Young Persons.    The learner agrees that they will not disclose any information confidential to the employer and will obey all safety, security and other instructions given by the employer. The learner will be required to sign an agreement to these terms and the learner's parent/carer will ensure that the learner adheres to this agreement. The learner's parent/carer will confirm that they are not suffering from any complaint which may cause a hazard either to the learner or those working with them. The school will advise the employer of any known details concerning the learner which may require special attention to ensure a successful placement |

**Placement Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name & Address including postcode:** | | | | | | | |
| **Contact name:** |  | | | **Contact Number:** | | |  |
| **Website:** |  | | | **Email:** | | |  |
| **Work experience job title & agreed job description**: | | | | | | | |
| **Hours of work:** | | | **Start time:** | | | | **End time:** |
| **Lunch arrangements:** Employers are not expected to provide meals, pupils will provide their own lunch. Parents, please note that your child may not be supervised during their lunch break: | | | | | | | |
| **Dress code:** | | | | | | | |
| **Is this placement exclusively with one member of staff?**  **Yes/No**  **If yes, please name member of staff** | | | |  | | | |
| As a representative of the above employer, I agree to the student named above working on my premises in accordance with the Letter of Understanding and acknowledge my responsibilities under the Health and Safety at Work Act. The pupils age and inexperience will be considered when agreeing tasks, and I understand that the pupil must not undertake prohibited activities.  I also confirm that:   * I have employers’ and public liability insurance (ELI & PLI) * I have checked the pupil is covered by this insurance * I am willing to produce this certificate for the H&S visitor if necessary * I agree to a Health & Safety check if needed | | | | | | | |
| **ELI Policy number:** | |  | | | **ELI Expiry Date:** |  | |
| **Signed:** | |  | | | **Position:** |  | |
| **Name (Printed)** | |  | | | **Date:** |  | |