



School Use only: New Provider: Yes / No

Date form received:

Veryan Job Number:

## CORNWALL SCHOOLS WORK EXPERIENCE SCHEME WORK EXPERIENCE PLACEMENT APPROVAL AND CONSENT FORM 2017-2018

This form is designed to enable the student, employer, parents or carers and the school to share essential information to make sure the health, safety and welfare of the student has been considered and that all the partners approve of the placement taking place.

### Instructions for Completion

Step 1 - Parents/Carers fill in Section 1

Step 2 – EMPLOYER COMPLETES

- a.) Section 2 - Information about the Employer and the Placement
- b.) Section 3 - The Young Persons Risk Assessment (the placement cannot take place without this); and
- c.) Section 4 - signs the Employer Agreement and Consent section

Step 3 - The Employer sends/gives the form to the student or parent/carer

Step 4 - The parent/carer and the student complete their parts of Section 4 – Parent/Carer and Student Agreement and Consent and return the form to Mrs Carlin at the school, so that clearance procedures can be started.

Step 5 – When H&S approval has been given by County, the Work Experience Co-ordinator, Mrs Carlin, will complete section 4 and carry out further action as necessary.

### LISKEARD SCHOOL & COMMUNITY COLLEGE

Telephone Number of School: 01579 342344 or 01579 325716 (Mrs Carlin, Work Related Learning Co-ordinator)

### Section 1 - INFORMATION ABOUT THE STUDENT (To be completed before the form is given to the employer)

Type of Placement:- (Please tick)

Block (1 week) Placement Date: 9<sup>th</sup> to 13<sup>th</sup> July 2018  Alternative Week (Start Date) \_\_\_/\_\_\_/\_\_\_

Extended (regular times throughout the year) Placement to start \_\_\_\_\_ (date)

Name of Student: \_\_\_\_\_ Tutor Group: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_

Address: \_\_\_\_\_

Post Code \_\_\_\_\_ Tel. No: \_\_\_\_\_ Emergency Contact No: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Email: \_\_\_\_\_

### Essential Information relevant to Health, Safety and Welfare

In order for the employer to provide a safe placement it is essential that any medical or other significant information that may affect your son/daughter's health and safety is provided. Would you please complete the information below:

Does your son/daughter.....?	No	Yes
Have any restrictions of normal physical activity?		*
Have any skin allergies or eczema?*		*
Have bronchitis, asthma or chest complaints?*		*
Have fainting attacks or fits?*		*
Have any hearing disability?*		*
Have any significant colour vision defect or other vision disability?*		*
Have any learning difficulty that may affect their ability to understand or act on instruction?*		*
Have any other health problems that may affect their safety and welfare, including the need for regular medication?*		*
Have a specific disability and/or Care Plan?*		*
Any other information you would like to make the employer aware of that could affect the health, safety and welfare of your son/daughter?*		*
<b>* Please give any relevant details:</b>		
<i>Include any other health problems or information that may affect their health, safety and welfare, including the need for regular medication. Do they have a specific disability and/or Care Plan? If so, please give further details.</i>		

I agree that the above information can be seen by the employer and that the school can disclose any information that they feel is relevant to the health, safety and welfare of my son/daughter whilst on the above work experience placement solely for the purposes of the Work Experience Scheme.

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2 - INFORMATION ABOUT THE EMPLOYER AND THE PLACEMENT

(Help with completion can be found in the Employer Booklet)

**You will need  
Public and  
Employers  
Liability  
Insurance**

Name of Company/Organisation: \_\_\_\_\_

Address \_\_\_\_\_

Post Code: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Are you a 'sole trader' (a company run by one individual with no employees)? **YES / NO**

If No, then please add number of employees: \_\_\_\_\_ (include part-time)

Main Contact (person agreeing placement): \_\_\_\_\_ Job role: \_\_\_\_\_

Main Contact Tel. No: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

### ABOUT THE PLACEMENT

Days of Work (please circle): **Mon Tues Wed Thurs Fri** for **1 week** or \_\_\_\_\_ **weeks** (extended placements only)

Hours of Work: \_\_\_\_\_

Dress Code or special clothing required: \_\_\_\_\_

#### Lunch Time Supervision and Welfare Arrangements

Please outline the arrangements for the lunch break provision e.g. must stay on premises, can go off-site, can come and go as needs be etc. \_\_\_\_\_

Lunch Time: \_\_\_\_\_ to \_\_\_\_\_ Lunch Facilities: e.g. Canteen, packed lunch etc. \_\_\_\_\_

### SUPERVISION

Name of the main person responsible for supervising the student during the placement: \_\_\_\_\_

Job Role / Position in Organisation: \_\_\_\_\_

Will the student be under the direct supervision of more than one person during their placement? **YES / NO**

If **YES** please give the following details:

Name of Additional Supervisor(s)	Position/Job Role in Organisation

**I can confirm that the people who will be supervising the student are competent to deal with this student and to my knowledge have not been restricted or barred from working with children**  (Please tick)

### THE WORKING ENVIRONMENT

Please can you give some idea of the environment(s) the student will be working in e.g. on building sites, working in a clients home, in a busy office, travelling in a vehicle, etc. as this may not be obvious from the students job title.

#### WORKING ONE-TO-ONE

Will the student be working in isolation with the same person for the majority of their placement, e.g. on the premises, outdoor location, travelling in a vehicle? **YES / NO**

If **YES**, please give brief details:

### PHYSICAL CONTACT

Will you or any of your employees need to have physical contact with the student either as a normal part of the job or as part of any training? **YES\* / NO\***

If **YES** please give brief details:

### Section 3 - 'YOUNG PERSONS RISK ASSESSMENT' FOR THE STUDENT

The purpose of this Risk Assessment is to make sure the health, safety and welfare of the student has been considered **with respect to their age, inexperience, immaturity and any factors mentioned in the Information about the Student' section** above. This will also make sure you have complied with Regulation 19 of the Management of Health & Safety at Work Regulations 1999.

To help you with this, either contact the school Work Related Learning Co-ordinator, Mrs Carlin at ([ccarlin@liskeard.cornwall.sch.uk](mailto:ccarlin@liskeard.cornwall.sch.uk)) or the Cornwall Education Business Partnership ([gstephens@cornwall.gov.uk](mailto:gstephens@cornwall.gov.uk)) who can provide you with a sample Young Person's Risk Assessment to suit your business. Please be aware that **NOT ALL** the specific Hazards related to your situation may be covered in the sample.

*\*If you need clarification or additional information regarding Section 1, please contact the school*

<b>Name of Student</b>	
<b>Student Job Role/Title of Placement and Main Tasks and Duties</b>	

Specific Hazard Identified	Current Control Measures	Additional controls for the <u>young person</u> to make sure the risk is adequately controlled

I confirm that the risk assessment above has been completed to the best of my ability and that the control measures identified will be implemented for the duration of this work experience placement.

Young Persons Risk Assessment completed by: - \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**If you have not completed the above Risk Assessment Form then please staple your own 'Young Persons Risk Assessment' to this page. If you do not provide a risk assessment, you will be contacted by the Work Related Learning Co-ordinator, as the placement cannot take place until this has been provided.**

**Please could you now sign the 'Employers Agreement and Consent' on page 4 before sending the form back to the student and/or their parent or carer. Thank You.**

**Section 4** (To be completed AFTER Sections 1, 2, and 3 have been completed)

**EMPLOYER AGREEMENT and CONSENT**

I have read the 'Information About the Student' section above and I agree to take the student on a Work Experience Placement and where possible, an outline programme for the placement will be provided. The student will be covered for insurance purposes by the company's **Employer's Liability Policy and Public Liability Policy** and where applicable the Vehicle Insurance Policy. All of these policies take into consideration the activities of students on work experience. The student will also be covered by our Health and Safety Policy and associated Risk Assessments including the Young Persons Risk Assessment. I have completed the Young Persons Risk Assessment on this consent form **or** our own Young Persons Risk Assessment document(s) is/are attached. I have read the "Information for Employers 2014-15" booklet and understand my responsibility for Health & Safety issues and Child Protection and agree to abide by the 'statement of principles' for child protection.

I am aware that some or all of the information contained on this form may be stored either manually or electronically in accordance with the Data Protection Act. I consent to this for the purposes of education particularly for the Work Experience Scheme during which this information will be used by the School, Cornwall Education Business Partnership and the Parent/Carer for health, safety and welfare reasons.

**NB: This placement can only be approved if both Public Liability & Employer's Liability insurance are current**

Signature of employer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Signatory: \_\_\_\_\_ Position: \_\_\_\_\_

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**PARENT/CARER AGREEMENT and CONSENT**

I have read the 'Information about the Employer and Placement' and the 'Young Persons Risk Assessment' sections and agree to my son/daughter taking up this Work Experience Placement and undertaking the main duties and tasks detailed above. I have read the lunch time arrangements for this placement and have discussed suitable arrangements for lunch and break periods with my son/daughter and I am aware that if my son/daughter leaves the employer's premises during lunch or break periods, no liability can be accepted by the employer or the school for any incident that may occur.

I am aware that some or all of the information contained on this form may be stored either manually or electronically in accordance with the Data Protection Act. I consent to this for the purposes of education particularly for the Work Experience Scheme during which this information will be used by the School, Cornwall Education Business Partnership and the Employer for Health and Safety reasons.

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

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**STUDENT AGREEMENT and CONSENT**

I have read the 'Information about the Employer and the Placement' and the 'Young Persons Risk Assessment' sections and understand the information they contain. I agree to:

- take part in this Work Experience Placement;
- follow all safety, security and other regulations laid down by the employer, either through instructions, training or as displayed;
- take reasonable care of my own health, safety and welfare and for that of anyone else who may be affected by my actions or omissions;
- hold in confidence any information about the employer's business which I may obtain during this work experience placement and not to disclose such information to another person without the employer's permission.
- Follow the Code of Conduct for Use of Social media and Electronic Devices while on work experience

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

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**SCHOOL'S APPROVAL AND CONSENT**

*Both sections below must be completed.*

Work Experience Placement Management	Yes	No	Comment/Action Taken
Employer DBS check required			
Placement is suitable for this student In particular, add a comment if working with children (Blue Sheet)			

Signature of person who completed this section: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person who completed this section: Mrs Collette Carlin Position: Work Related Learning Co-ordinator