



Launceston College

Part of the Athena Learning Trust

Work Experience Approval & Consent Form 2023 – 2024

Please ensure all parts of this form are completed

Section 1 – (To be completed by parents/carers)

Work Experience Dates _____

Name of Student _____ DOB _____ Age _____ Tutor _____

Address _____

Postcode _____ Tel. No: _____ Emergency Contact No: _____

Emergency Contact Name _____

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 is provided.

Does your Son/Daughter: -	No	Yes
Have any restrictions to normal physical activity?		
Does he/she suffer from allergies, asthma, diabetes, migraine, epilepsy or chest complaints?		
Have any hearing disability?		
Have any learning/ behavioural difficulty that may affect their ability to understand or act on instruction?		
*Please give any relevant details:		
Have any other health problems, including the need for regular medication? If so please give details and list any medication carried for emergency purposes;		
Have any specific disability and/or care plan:		
Any other information for the employer regarding the Health, Safety and Welfare of your child:		

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 – (to be completed by the Employer)

Name of Organisation and

Address _____

Postcode _____ Telephone Number _____

Main Contact (Name) _____ Position _____

Email _____ Type of Business _____

Job Title of Student _____

Are you a 'Sole Trader' YES/NO (please circle)

Do you have the following: - Public Liability insurance YES/NO (this is essential for placements to be approved)

Policy number _____ Expiry date _____

Employer Liability Insurance YES/NO (this is essential for placements to be approved)

Policy number _____ Expiry date _____

How many employees do you have? _____ (include part – time)

Placement Details

Days of Work: (Please circle) Mon Tue Wed Thurs Fri

Hours of Work _____

Dress Code _____

Lunch Time arrangements _____

Lunch Time _____ to _____ Lunch Facilities (e.g. Canteen available) _____

Name of person responsible for supervising the student during the placement: _____

Job Role _____

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: -

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 client's home, in a busy office, etc. as this may not be obvious from the student's job role.

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: -

Section 3 – Young Person's Risk Assessment

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.

Specific Hazard Identified	Current Control Measures	Additional controls for the young person to make sure the risk is adequately

If you have not completed the above Risk Assessment then please staple your own 'Young Person's Risk Assessment' to this page.

Please could you now sign the 'Employers Agreement and Consent' below before sending the form back to the student and their parents or carers. Thank You.

Employer/ Placement Provider Section

- I have agreed to provide work experience for the above student.
- I have appropriate insurance to cover work experience students (and have notified them if necessary)
- I will provide induction training including Health, Safety and Emergency arrangements
- I will notify the College in the event of any absence, injury or any other difficulties regarding the student
- I agree to have due regard for the welfare of the young people in the workplace and understand that it may be necessary to undergo a DBS check if required.
- Risk assessments of work practices have been carried out to identify possible risks and all those specific to COVID-19 in line with Government Guidelines.

Signed_____Date_____

Name_____Position_____

I agree that information we share with the school may be used and shared in accordance to the terms outlined in the school's privacy policy and as per the information outlined on this form. (Please circle) **Yes** **No**

PARENT/CARER AGREEMENT and CONSENT

I have read the 'Information about the Employer and Placement' and the 'Young Person's Risk Assessment' sections and agree to my son/daughter taking up this Work Experience Placement and undertaking the main duties and tasks detailed. 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

Signature of Parent/Carer: - _____ **Date:** - _____

I agree that information we share with the school may be used and shared in accordance to the terms outlined in the school's privacy policy and as per the information outlined on this form. (Please circle) **Yes** **No**

STUDENT AGREEMENT and CONSENT

I have read the 'Information about the Employer and the Placement' and the 'Young Person's 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 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:** - _____

SCHOOL'S APPROVAL AND CONSENT

Work Experience Placement Management	Yes	No	COMMENT/ACTION TAKEN
Employer DBS check required			
Placement is suitable for this student			

Signature of person completing this section: - _____ **Date:** _____

Name of person completing this section: - *Dawn Acaster* **Position** - *Work Related Learning Coordinator*

The Athena Learning Trust adheres to the GDPR. For more information on this please go to...

<https://www.athenalearningtrust.uk/it-information/gdpr-and-privacy>