

WORK EXPERIENCE SELECTION FORM

(PLEASE COMPLETE IN BLOCK CAPITAL LETTERS)

Forename:		Surname:		Miss/Mr
Date of Birth:			Home Tel No:	
Home Address:				
			Postcode:	
Form:	School:			
Dates of Work Experience:	From:	To:		

You must make 4 choices in total

LIST ONE (Pick 2)		LIST TWO (Pick 2)	
Catering & Hospitality	<input type="checkbox"/>	Administration	<input type="checkbox"/>
Construction & Engineering	<input type="checkbox"/>	Hairdressing & Beauty	<input type="checkbox"/>
Environment, Plants & Animals	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>
Media, Music & Arts (VERY LIMITED)	<input type="checkbox"/>	Nursery & Pre – School	<input type="checkbox"/>
Sports & Leisure	<input type="checkbox"/>	Retail & Customer Services	<input type="checkbox"/>
		Teaching & Education	<input type="checkbox"/>

PLEASE NOTE In order to guarantee working within your specific choices we **HIGHLY** recommend that you secure your own placement and complete a **SELF PLACEMENT FORM**, please tick if you agree to do this. ☐

Travel: Please indicate how far you are prepared to travel (see student guidance notes)
Hobbies/Interests:
Brief Explanation of Choices:
Studies: Are you studying any specific vocational courses that you would like to link to your Work Experience?
Co-ordinator's comments:
Tutor's Comments : i.e: Health or Behaviour (It is important that any specific issues are disclosed which may affect the Health & Safety of the student and/or their employer whilst on placement. However, it is the school's responsibility to notify the employer of any behaviours that may affect the placement).
Signed (Tutor): <div style="float: right; width: 150px;"> Name: Date: </div>

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM

AGREEMENT TO PARTAKE IN WORK EXPERIENCE SCHEME

STUDENT & PARENT must sign this agreement in respect of the choices overleaf and on the understanding that if all choices prove to be unavailable a reasonable alternative will be given.

STUDENT – please read and sign

As the student named overleaf, I agree to take part in this work experience scheme. I also agree to hold, in confidence, any information about the employer's 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 employer's representatives or by displayed instructions.

Do you consider yourself to have a disability, health problem or learning difficulties? YES ☐ NO ☐

Signed (Student):

Date:

Note to Students

Incomplete forms will be returned to school and your placement will not be processed.

PARENT/GUARDIAN – please read and sign

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/injury the student has which the employer should be made aware of:

Epilepsy	Asthma	Heart Condition
Eczema/Dermatitis	Recent Food Poisoning	Diabetes
Rheumatism	Hearing Impairment	Colour blindness
Physical Disability	Poor eyesight and requires support	Fits or fainting attacks
Vertigo (fear of heights)	Recent Injury	

Please use this box to expand on anything you have ticked and to list any other needs/conditions the employer needs to be aware of i.e. ADHD, Asperger's Syndrome.

As the parent/guardian of the student named overleaf 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 that the information overleaf and above can be passed to the placement provider if necessary.

Note to Parents

Parents and Guardians should be reminded that pre-16 work experience is not necessarily intended as an introduction to a student's prospective career choice but an opportunity to sample the world of work and develop transferable key skills such as communication and problem solving skills.

Print Name (Parent/Guardian):

Relationship:

Signed (Parent/Guardian):

Date:

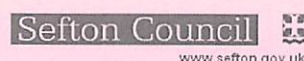
Please note this form may be used as evidence to prove that you have completed Work Experience



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WORK EXPERIENCE SELF PLACEMENT FORM

This form must be completed when making a direct approach to Employers

Forename:		Surname:		Miss/Mr
Date of Birth:		Home Tel No:		
Form:	School:			
Dates of Work Experience:		From:		To:

Company Name:	
Address:	
	Postcode:
Contact Name:	Tel. No:
Email Address:	No. Employees:
Address of Student Placement (if different from above)	
Please give a brief description of the type of work involved:	
EMPLOYER - PLEASE REMEMBER TO COMPLETE THE BACK OF THE FORM	

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 employer's 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 employer's representatives or by displayed instructions.

Signed (Student)	Date
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PARENT/GUARDIAN – please read and sign

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/injury the student has which the employer should be made aware of (e.g. asthma, allergies)

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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 that the information above can be passed to the placement provider if necessary

Signed (Parent/Guardian)	Date
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IMPORTANT – TO THE EMPLOYER

Thank you for agreeing to take the student named overleaf on Work Experience. We should be grateful if you would read the following before signing the form below.

By signing this form you are agreeing to provide a placement to the student named overleaf and to a visit being carried out by Sefton Education Business Partnership who are required by law to ensure a health & safety visit of the workplace is carried out to cover and include the following:

- A discussion on the nature of the work to be carried out by the student with specific emphasis on the possible risks to the student whilst on the employer's premises and the control measures in place to reduce these risks
- The completion of standard documents relating to the terms of the scheme and the health and safety arrangements in place
- Information for employers outlining the objectives of Pre – 16 Work Experience and ideas on how to make the process effective for both the employer and the student
- The programme in place for the work experience student.
- Sight of employer's liability insurance certificate
- A tour of the working area

NOTE TO EMPLOYER

If your organisation has had a visit from Sefton EBP in the recent past as a provider of work experience placements it may not be necessary to revisit on this occasion, as the frequency of these visits vary according to the nature of the work students will be involved in.

Visits are carried out on a rolling programme in accordance with the work experience calendar.

PLEASE MAKE A NOTE OF THE DATES ON WHICH THE STUDENT IS DUE TO UNDERTAKE WORK EXPERIENCE
(This information can be found overleaf)

TO BE COMPLETED BY THE EMPLOYER

Do you have Employer's Liability Insurance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employer's Liability Insurance Details:			
Insurance Company:			
Policy No:		Expiry Date:	
WITHOUT EMPLOYER'S LIABILITY WE CANNOT AUTHORISE THE PLACEMENT PUBLIC LIABILITY ALONE WILL NOT SUFFICE			
Placement Authorised by: (Employer)			
Contact Name:		Position:	
Signature:		Date:	

If you have any queries please do not hesitate to contact Joanne Huddart, Work Experience Manager

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W. www.seftonebp.co.uk



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