

Work Placement Selection Form



PLEASE TICK THE TYPE OF PLACEMENT!

Block: Vocational: Extended:

STUDENTS SECTION SCHOOL: Hungerhill	FORM:
Work Experience Dates: 1st July 2019 - 5 th July 2019	Tutor:

NAME:	GENDER: M / F	DATE OF BIRTH:
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ADDRESS:

Postcode:	TELEPHONE:
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Job type/ trade (e.g. Construction)	Job role (e.g. Electrician)

Please list the areas that you will travel to for your work experience placement and how you intend to get there

Bus	Train	Car	Other

If you are taking a vocational course, please circle below:

Art & Design	Business	Engineering	Health & Social Care
ICT	Leisure & Tourism	Manufacturing	Science
Other	Please specify	

Please tell us your last Primary School:

Please tell us of any out of school activities that you do including Interests/Hobbies

STUDENT COMMENTS:
Please tell us what you hope to gain from Work Experience and the reasons for your selections:

As the student named above, I agree to take part in the work experience scheme.

Name: _____ Signature: _____ Date: _____

Complete both sides of page

PARENT/CARER'S SECTION

- 1) **PLEASE NOTE THAT** Work Experience is meant to be an experience of work that is interesting and enjoyable and is not intended to be training for a particular career or job.
- 2) **Hours of work – Travelling/Fares – Lunches** Are shown on the Job Description and indicate hours permitted to work including weekend working, travel arrangements and lunches. Also tasks involved in the role and any Personal Protective Equipment needed. Including safety boots (to be provided by student)
- 3) **Please note lunchtimes may not be supervised.**
- 4) **Reporting absence** – It is the Student's/Parent's/Carer's responsibility to contact the School and the Employer if your son or daughter is going to be absent for any reason whilst on placement.
- 5) **Reporting accidents/incidents** – It is the responsibility of the Parent/Carer to contact either the School or the Local Authority about accidents or incidents.

In order for the risk assessment to be carried out according to your son/daughters specific needs this section MUST be completed and returned to school.

Please indicate whether your son/daughter has any of the following health conditions. Please indicate in the box below any other conditions which may affect the work placement.

COLOUR BLINDNESS	YES	NO
IMPAIRED SIGHT	YES	NO
HEARING DIFFICULTIES	YES	NO
ASTHMA	YES	NO
ECZEMA	YES	NO
EPILEPSY	YES	NO
ALLERGIES (incl food)	YES	NO

Please indicate any other condition or information that you feel may be of importance:

As a parent/carer, I support my child's placement choices and travel to work areas and agree to him/her undertaking Work Experience.

Signed: _____ Name: _____ Date: _____

TEACHER'S SECTION

- 1) **Reporting absence** – The school will inform the employer of any absence as soon as it is known and by any meaningful way available.
- 2) **Risk Assessments/Safe systems of Work** – The school must provide any relevant medical and educational details that may affect the risk assessment in the section below.
- 3) **Review** – The school will visit/contact the provider by whichever means appropriate on at least one occasion during the work experience period. The School will notify the employers that this will be carried out at a convenient time and the school will contact them directly.
- 4) **Reporting accidents/incidents** – It is the school's responsibility to inform the Principle Health and Safety Officer, Corporate Health and Safety section.

Academic ability	A – C		D – F		G and below	
Attendance	Excellent		Good		Misses occasionally	Misses frequently
Punctuality	Excellent		Good		Late occasionally	Late frequently
Relationship	Excellent		Relates Easily		Acceptable	Lacks confident Over confident
Appearance	Excellent		Good		Acceptable	Poor
Attitude/Demeanour	Excellent		Good		Occasionally difficult	Resents authority
Literacy/Numeracy	Excellent		Good		Moderate	Needs Assistance

Please identify any information regarding individual students' needs, which may impact upon their health, safety and welfare whilst on placement:

Name: _____ Signature: _____ Date: _____