

IMPINGTON VILLAGE COLLEGE WORK EXPERIENCE STUDENT PLACEMENT FORM

Students must get this form completed by the company or organisation with whom they have secured a work placement. **The form must be signed by the employer and parent/carer**, and should be handed in at the house hub to Mrs Mellor or Mr Brown, the work experience co-ordinators, **as soon as the placement has been secured**. Mrs Mellor and Mr Brown can be contacted on 01223 200400 or kmellor@impington.cambs.sch.uk. abrown@impinton.cambs.sch.uk.

Student Details (to be completed by student)

Dates of Work Experience: 10th July – 14th July 2017	
Name of Student:	Date of Birth:
School/College: Impington Village College	Tutor Group:

Employer Details (to be completed by employer)

Name of Company/Organisation:	
Type of Company eg: Engineering/Architects	
Position Offered:	
Name of Person to be contacted:	
Tel No:	Job Title:
Address of Company/Organisation:	
	Postcode:
Email:	
We regret that only companies/organisations with Employer Liability cover are eligible for inclusion in the Impington Village College Work Experience Scheme. Please give details of your Employer Liability Insurance below:	
Name of Insurer:	
Policy Number:	
Expiry Date:	
Does your company have a health & safety policy:	Yes/No
If more than 5 employees, does your company have a written risk assessment?	Yes/No
We recommend you notify your insurers that a work experience student will be on the premises.	

KEY CONSIDERATIONS

When completing the job description please take into account the following:

- The young person's age, inexperience, immaturity and lack of awareness or risks
- The need for adequate supervision and, where necessary, suitability checks for child protection
- The need for any personal protective equipment
- The provision of adequate information, instruction and training for the young person
- Any necessary prohibitions or restrictions relating to tasks, areas and work equipment

Job Description: (To be completed by company/organisation)

Breakdown of key tasks to be performed by student:

- 1.
- 2.
- 3.
- 4.
- 5.

Job Requirements: (To be completed by company/organisation)

Dress Code/any safety or personal protective equipment required:

Working Days and Times: (eg Mon-Fri 9-5pm) **Not to exceed 40 hours per week/not to work before 8am in the morning or after 8pm at night.**

Lunch Arrangements: (eg 1 hour - 12-1pm– Lunch provided/bring packed lunch)

Impington Village College are requesting Interviews take place between 18^h-28th April 2017. (Please date as applicable)

Any Specific Skills/Personal Qualities Required:

Are there any relevant learning/behavioural difficulties, disabilities or medical health conditions that would stop a young person working in your environment?

Employer Agreement: We will provide a placement for the named student, running from 10th to 14th July 2017

I agree to the above named student attending Impington Village College Work Experience Programme with this company as detailed above.

Signed:	Name: (please print in capitals)
	Position in Company/organisation:
Date:	Tel No:

Student Agreement

As the student named above, I agree to take part in the Impington Village College Work Experience Programme and follow all the agreed health and safety rules and security regulations. I understand that I may gain access to sensitive information whilst at work and I agree to treat all information as confidential unless told otherwise by my supervisor.

Student Signature:	Date:
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Parent/Carer Agreement

Parent/Carer: As parent/carers of the student named I confirm that I agree to his/her taking part in this scheme. In the interest of my child I confirm that:

- He/she does not suffer from any medical condition which could result in an unnecessary risk to his/her health or to the health or safety of another person.
- He/she has the following medical conditions, which should be conveyed to the employer:

Please also indicate if your son/daughter regularly takes medication that needs to be brought to the workplace.

I confirm that my child will be able to travel to his/her work placement.

Signed: Parent/Carer

Parent/Carer Name: (Please print in capitals)

Signed : Parent/Carer	Date:
Email:	Tel No:
Emergency Contact Name:	Tel No:
Family Doctor Name:	Tel No:

Please return the completed form to Mrs Mellor/Mr Brown by Friday 20th January 2017.