



Al Khair Secondary Schools

Work Experience: 5th – 9th July 2021

Student Name:		Tutor Group:		Date of Birth:	
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WORK EXPERIENCE OPTION CHOSEN (please circle):

1. Virtual Work Experience (at school)
2. Own work experience arranged
3. Cassandra Centre work experience

PART 1 – STUDENT MEDICAL DETAILS (To be completed by Parent / Guardian)

My child has the following medical condition / disability / additional needs:

My child takes the following medication(s) on a regular basis:

Please consider the following additional information about my child when undertaking a risk assessment for my child's placement:

(Please provide any information that might assist the employer to safeguard your child during WEXP)

My child has been immunised against Tetanus: YES or NO

Date of Immunisation:

Emergency Contact Details:

Emergency Contact:

Relationship to Child:

Contact Telephone No.:

Medical Contact Details:

Doctor's Name:

Name and address of Surgery:

Contact Telephone No.:

Parent / Guardian Signature:

Date:

PART 2 – PLACEMENT DETAILS

(To be completed by Employer)

Name of Organisation:		Contact Person:	
Address:		Your role:	
		Telephone Number(s):	
Postcode:		Email:	

Description of Organisation:

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Description of Work Experience Role and Responsibilities:

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Uniform / Dress Code:*Please provide details of any uniform or dress code that you require the student to wear:*

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Hours of Work: *Legally students may not work before 7am or after 9pm. Parental agreement is required for them to work before 9 am or after 5.30pm.*

Breaks and Lunch: *Students are entitled to at least a 30 minute break after each 4.5 hour stretch of work.*

Monday:		Details of arrangements for a) Breaks; and b) Lunch (should students bring a packed lunch, is there an onsite café, etc.?)
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

Form continues on next page.

Insurance: We are required to confirm that:			
a) Your organisation will have Employer's Liability and Public Liability Insurance for the duration of the placement; &			
b) You have notified your insurer(s) that you will host the named student on work experience.			
Employers Liability:		Public Liability:	
Will cover be in place for 5 th – 9 th July 2020?	Yes or No*	Will cover be in place for 5 th – 9 th July 2020?	Yes or No*
Name of Insurer:		Name of Insurer:	
Policy Number:		Policy Number:	
Policy Expiry Date:		Policy Expiry Date	
Insurer Notified:	Yes or No*	Insurer Notified:	Yes or No*
*If you have answered "No" to either insurance, please provide an explanation below:			

Risk Assessment: As a school, our duty is to assist employers to identify areas where there may be risks that are specific to young people (who are generally less experienced and may lack maturity) – especially if the organisation does not normally employ young people. In order that we may do this, please complete the following:			
Do you normally employ young people?	Yes / No	Will the student use machinery?	Yes / No
Will the student travel in a company vehicle?	Yes / No	Will the student require Personal Protective Equipment (PPE) ?	Yes / No
Are you a sole trader?	Yes / No	If PPE required, exactly what PPE, what will be provided, and what must the student provide:	
What level of risk do you consider this placement?	H M L		

Employer's Declaration:	
1. I understand my responsibilities under the provisions of the Health and Safety Act 1974 and the Management of Health & Safety Regulations 1999 and will undertake to provide an induction on Health and Safety and Fire Procedures at the commencement of the placement.	
2. I have notified my Insurance Providers (both Employer's and Public Liability Insurances) that the student named on this form is undertaking work experience on these dates.	
Signature:	Date:

Once Part 2 is completed, please retain a copy of Part 1 and 2 for your records.

The form should then be returned to the student, for them to secure parental agreement (Part 3) to the placement outlined above. If you would like to discuss any aspect of work experience with the school, please contact Afsha Mohamed (afsha.mohamed@alkhairschool.org.uk).

PART 3: PARENTAL AGREEMENT to the placement detailed in Part 2 of this form

(to be completed by Parent / Guardian once Part 2 is completed by the Employer)

- I am willing for my son/daughter to participate in the Work Experience detailed in the previous pages.
- I understand that I am responsible for ensuring that suitable travel arrangements are made.
- For placements that require my child to stay away from home:
 - I understand that I am responsible for ensuring suitable accommodation;
 - I understand that I am responsible for ensuring that suitable supervision is in place for my child outside the Work Experience placement (e.g., if not residing with parent / guardian).

Parent / Guardian Signature:

Date:

Once Part 3 is completed, the student should return the form to their form tutor. The form is then passed to the Health & Safety Coordinator for their approval. If the coordinator raises any issues, we will work with the Employer to resolve these. If the issues cannot be overcome, we will notify the student and the placement will not be authorised.

Please contact Ms Afsha (afsha.mohamed@alkhairschool.org.uk) if you have any questions or would like to discuss work experience.