



Work Experience Employer Agreement Form

Placement Dates: Monday 1st April to Friday 5th April 2019

Help with placements available on <http://leics.work-experience.co.uk/>
username: wigstoncollege password: workexperience

Deadline: Monday 14th January 2019

You have been approached by this student to request a work experience placement. If you are able to support the programme please complete the relevant sections below and hand it back to the student.

YOUNG PERSON'S DETAILS			
Mr/Miss	First Name	Surname	Tutor Group:

The Work

1. The work will be planned by a responsible person and involve meaningful tasks.
2. The Employer will ensure that the student is not asked to operate hazardous machinery or undertake unreasonable tasks.

Health, Learning, Social and Physical Disabilities – you **MUST** indicate below any illnesses or any other medical factors that employers should be aware of (e.g. asthma, colour blindness, eczema, epilepsy, hearing difficulties, ADHD, etc) – **we have to disclose this information to employers.**

1. **Job Choices** - should be discussed with the young persons and agreed by the parent/carer. Work Experience is an experience of work, NOT training for a particular career/job.
2. **Hours of Work** - will be the normal hours for an employed person in that work place.
3. **Lunches** - are not normally provided.
4. **Health and Safety** - The student must accept all rules governing Health and Safety at the placement.
5. **Confidentiality** - The student must respect employer's confidentiality.
6. **Behaviour** - As a representative of the School the student must behave in a sensible and responsible manner.
7. **Insurance** - The employer must be insured for accident or injury to the student caused by negligence, either by employer or employee.
8. **LEA** - The LEA is insured by a Personal Accident policy to cover injury to the student during the course of the placement.
9. Parents cannot place a student with a local employer unless insurance checks and risk assessments have been carried out by **LEBC (Leicestershire Education Business Company)**.

Insurance – Please confirm you have these insurances otherwise the placement cannot go ahead. These will be verified through the current LEBC system or when they visit you.

Employers Liability Insurance
Public Liability Insurance

If you are a company which is new to offering work experience, **LEBC (Leicestershire Education Business Company)** will shortly be in touch to make an appointment to visit on the school's behalf. **Please ensure you provide a valid contact number that you can be reached on during normal office working hours.**

Company Name (in full): _____

Company Address (inc. Post Code): _____

Telephone number: _____ and/or Mobile number _____

E-Mail Address: _____

Name of Contact In Company : Miss, Mrs, Ms, Mr, Dr _____

Signature: _____

Position offered to student : _____

Student: Please return this form to your Form Tutor