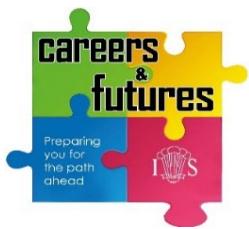


STUDENT WORK EXPERIENCE PLACEMENT FORM

This form is designed to enable the Student, Employer, Parent/Carer and School to share essential information to ensure the health, safety and welfare of the student during their placement.



Placement date from: 6th July 2026 to: 10th July 2026

Instructions for Completion

Step 1 Parent/Carer completes Section 1

Step 2 Employer completes Sections 2,3 and 4 and returns form to the Student or Parent/Carer.

Step 3 Parent/Carer and Student read details provided by Employer and sign consents in Sections 5 and 6.

Step 4 The form is returned to the School to complete the final Approval and Consent in Section 7.

Section 1 - Parent/Carer to complete: Student Information

School:	Imberhorne School	
Name of Student:		
	DOB:	Tutor Group:

Address:

Emergency Contact Name:

Emergency Contact Telephone No:

Does your young person: Yes/No

Have any restrictions of normal physical activity?

Have skin allergies or eczema?

Have bronchitis, asthma or chest complaints?

Have fainting attacks, fits or epilepsy?

Have any hearing disability?

Have any significant colour vision defect or other vision disability?

Have any learning/behavioural difficulty that may affect their ability to understand or act on instructions?

If Yes please give further details:

Is there any other information you would like to make the Employer aware of that could affect the health, safety and welfare of your young person?

I agree that the above information can be seen by the Employer and that the school can share any information that they feel is relevant to the health, safety and welfare of my young person whilst on their work experience placement.

Signature of Parent/Carer:		Date:
Print Name of Parent/Carer:		

Section 2 - Work Experience provider to complete: Employer Information

Name of Company:

Nature of Business:

Address:

Telephone No:

Name of Main Contact:

Main Contact Telephone & Email:

ABOUT THE PLACEMENT

Work days (Please circle): Mon Tue Wed Thu Fri

Hours of Work & Breaks:

Dress Code:

Protective equipment Student to provide:

SUPERVISION

Name of the main person responsible for supervising the student during the placement:

Job Role/Position in Organisation:

Will the Student be supervised during breaks? Do you have facilities on site for breaks/lunch?

Will the Student be working in isolation with any member of staff during their placement? Eg: outdoor location, travelling in a vehicle?

Will any member of staff need to have physical contact with the Student as a part of their job role or as part of their training?

I can confirm that the people who will be supervising the Student are competent to deal with this student and to my knowledge have not been restricted or barred from working with children. PLEASE TICK BOX

Section 3 - Work Experience provider to complete: Young Persons Risk Assessment

The health, safety and welfare of the Student must be considered with respect to their age, inexperience and any factors mentioned in Section 1. You do not have to complete this section if you have your own Young Persons Risk Assessment, but please staple a copy or your Risk Assessment to this form for our records.

Main Tasks and Duties to be carried out by the Student:

I confirm that the risk assessment above has been completed to the best of my ability and that the control measures identified will be implemented for the duration of the work experience placement.

Young Persons Risk Assessment completed by:

Date:

Section 4 - Work Experience provider to complete: Agreement and Consent

I have read Section 1: Information about the Student and I agree to take the Student on a Work Experience Placement for the specified period. The student will be covered for insurance purposes by the Company's Employer's Liability Policy and, where applicable, the Vehicle Insurance Policy. (Please provide a copy of your Employer Liability Policy) We also agree to provide the student with the necessary information, instruction and training so they know how to fulfil their role properly and do so safely.

Signature:	
Name of Signatory:	
Position in company:	

Section 5 - Parent/Carer to complete: Agreement and Consent

I have read Sections 2 and 3: Information about the Employer and Placement and I agree to my young person taking up this Work Experience Placement and undertaking the main duties and tasks detailed. I have read the break and lunch arrangements and I have discussed suitable arrangements for these times with my young person. I am aware that if my young person leaves the Employer's premises during break or lunch periods, no liability can be accepted by the employer or the school for any incident that might occur.

Signature of Parent / Carer: Date:

Section 6 - Student to complete: Agreement and Consent

I have read Sections 2 and 3: Information about the Employer and Placement and I understand the information they contain. I agree to follow all safety, security and other regulations laid down by the employer, either through instructions, training or as displayed. I also agree to take reasonable care of my own health, safety and welfare while at the placement. I will hold in confidence any information about the Employer's business that I may obtain during my work experience placement and not disclose such information without the Employer's permission.

Signature of Student: Date:

Section 7 - School to Complete: Approval and Consent

Yes/No

The Employer has provided a copy of their Employer Liability Insurance.

The Employer has provided records of their risk assessment.

The School has discussed with the Employer any medical conditions, learning differences or vulnerabilities that could affect the Student's health & safety during their placement.

Visit by School required?

Employer DBS check required?

Parent disclaimer form required?

Placement is suitable for this Student and authorised by the School.

Signature of Person Completing this section:

Name and Position in School:

Date: