

and

**THE GRANGE SCHOOL**



**Work Experience Application Year 10**

**Placement type – Year 10 Block 2 weeks 23<sup>rd</sup> March – 3<sup>rd</sup> April 2020**

Working Pattern – Monday – Friday for 2 weeks – dates as above

Your details-

Name: \_\_\_\_\_ Form: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact telephone and email: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian contact telephone and email: \_\_\_\_\_

\_\_\_\_\_

**Work placement choices – please list a minimum of 4, even if you have found a placement**

1.	
2.	
3.	
4.	
5.	
6.	

**Student agreement**

I agree to take part in this work experience and to treat in confidence any information I may obtain about the employers' business. I also agree to abide by any safety, security and other instructions given to me by the employer, their representative, or signage located in the premises. I will behave in a mature and sensible manner during my placement. In the event of my absence due to sickness or other reasons, I will inform my employer and school before 9.00am on the day of my absence and each day thereafter.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Tel: 07909657306**

**email: karen.cox@newmeaning.co.uk**

## Employer agreement

In order to offer a work placement to a student, employers must have both Public and Employers Liability Insurance.

Name of business/company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel and email address: \_\_\_\_\_

Contact name: \_\_\_\_\_

I am prepared to offer a work placement to: \_\_\_\_\_

For the following dates from 23/03/2020 to 03/04/2020

Type of work experience offered: \_\_\_\_\_

Does the type of work experience offered mean that the student will be working alone with one other person for more that 50% of the time (no one else in the vicinity)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you have answered yes to the above question – unless you are a close relative – you may be asked to complete a Disclosure and Barring Service (DBS) check.

If you are a close relative of the student, please indicate how you are related below:

\_\_\_\_\_

I confirm that the Employers Liability Insurance covers the student whilst they are on placement with us. I confirm that the organisations public liability Insurance is at least £2,000,000.

**Signed** \_\_\_\_\_ **Position** \_\_\_\_\_ **Date** \_\_\_\_\_

## Parental/Guardian agreement

I, the parent/guardian of this student confirm that they can take part in this work placement. I also confirm that they can travel to the placement stated above. In the event of absence, I confirm that I will inform the placement and the school before 9.00am.

Please advise us of any medical conditions that the placement may need to be aware of:

\_\_\_\_\_

\_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Please note: You will be asked to complete a parental/guardian consent form once your child has confirmed their work placement.