



Work Experience Placement Agreement

STUDENT DETAILS

First Name..... Surname..... House Group.....

Work experience dates from **Monday 29th January** to **Friday 9th February 2024**

TO BE COMPLETED BY THE EMPLOYER

Name of Company/Organisation.....

Address.....

..... Postcode.....

Name of person arranging the placement.....

Position in Company..... Telephone contact no.....

Type of placement offered.....
(E.g. engineering, manufacture, finance, admin, clerical etc.)

Would you consider offering a placement to another student at the same time as this Own Placement?

YES / NO

EMPLOYERS LIABILITY INSURANCE - ELI

This **MUST** be in place for the duration of the work experience. Students cannot spend their work experience with employers who do not have ELI in place. Please supply your ELI details below:

Insurance Company..... Policy No..... Expiry date.....

AGREEMENT

(To be signed by the person within the company/organisation who has agreed the placement)

I confirm that this placement is agreed, subject to a visit by a representative of Crookhorn College, and the student attending for an interview. I also confirm that the ELI will be in place for the duration of the placement.

Name..... Position.....

Signed..... Date.....

PARENT/GUARDIAN/CARER/STUDENT AGREEMENT

I agree with the above Placement and have discussed travel arrangement with the above named student, with the understanding that there is no financial assistance available.

X Signature of parent/guardian..... Name..... Date.....

X Signature of student..... Date.....

Office use only – date received



Work Experience Placement Data Agreement

In order to provide and process a work experience placement for your son or daughter the college is required to pass on some specific information to the placement provider so that they can provide a suitable experience and do everything reasonable to protect the health, welfare and safety of students.

The following information is required by the placement provider:

Data Processed	Use of the Data by Placement Provider	Reason for Collecting Data
Name		
Age	The student's age may affect the placements available or the activity they can do.	Legal and Health and Safety
Address	The student may need to be taken home or in an emergency you may need to be contacted.	Welfare
Home Telephone	The placement provider may need to contact you.	Welfare
Relevant Medical Information	The placement provider will need to decide if the placement will not be suitable or if there is some activity the student should not be involved with because of their medical condition.	Health and Safety
Special Educational Needs	The placement provider will need to provide suitable induction for each student on placement, including health and safety information, e.g. what to do in case of fire, and suitable tasks for each student matching their individual capabilities.	Health and Safety
Emotional and Maturity Issues	The placement provider will need to provide suitable levels of supervision and support for each student on placement to ensure that they do not put themselves or others in any danger.	Health and safety
Gender	The placement provider needs this information so that they can plan the placement and make suitable supervision arrangements.	Organisational and Welfare

To enable us to process a placement for your son or daughter please sign below agreeing to the data being used for the purposes listed above.

If there is any other information you think would be relevant for us to know please could you provide it here:

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I agree to the use of data as described above.

X Signature of parent/guardian..... Name..... Date.....

X Signature of student..... Date.....