

# Work Experience Placement Form 2019

This form should only be completed if you have arranged a work experience placement and the employer has confirmed the placement is available to you.

**PLEASE USE BLOCK CAPITALS**

## To be completed by the pupil

Pupil Name \_\_\_\_\_ Tutor Group \_\_\_\_\_

Male  Female (please tick)

**You MUST give all employers' details and attach copies of any letters received from them.**

When did you contact the employer? \_\_\_\_\_

How did you contact the employer? By letter  by telephone  in person

Who arranged this placement? Parent  Friend  You  Other \_\_\_\_\_

Area of work (e.g. clerical, sales, engineering) : \_\_\_\_\_

## To be completed by a parent/carer

I agree to the above pupil undertaking the above placement from Monday 4<sup>th</sup> to Friday 8<sup>th</sup> February 2019.

I understand that a placement will only be approved if

- all relevant information is provided by the employer before 7<sup>th</sup> January 2019 and
- the Designated Safeguarding Lead at Longfield Academy approves the placement.

I confirm that I have provided all the relevant health information overleaf.

I understand that if a placement is not approved by Longfield Academy my child must not attend.

I understand that if a placement is not approved, Longfield Academy will support my child in sourcing an alternative placement. If it is not possible to arrange an alternative placement then my child will attend school as normal.

Signed: \_\_\_\_\_ parent/carer

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical information - to be completed by a parent/carers**

Pupil name: \_\_\_\_\_

I confirm that the pupil named above has the following allergies and/or medical conditions:

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For which the following prescribed medication is needed  
(please also state dosage):

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Any other information which the employer should be made aware of :

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I understand that Longfield Academy may have to pass on both medical and behavioural information to the employer to protect both my child and the work place. I agree to inform Longfield Academy if there are any changes to the information provided above before the start of the placement on Monday 4<sup>th</sup> February 2019.

In order for my son/daughter to take part in their work experience I give permission for this and any other relevant information to be shared with the work placement provider.

Signed : \_\_\_\_\_ Parent/carers

Date \_\_\_\_\_

**Completion of this form does not imply that the placement will go ahead; all placements must meet health and safety standards and have insurance.**