

**THE PINGLE ACADEMY: WORK EXPERIENCE PARTNERSHIP AGREEMENT FORM** To be completed by student, parent/carer and placement provider and returned to Mrs Goodwin by Friday 14 December 2018.

**STUDENT CONSENT:** I agree to participate in the work experience scheme and confirm that I have read and understood this form. I will not disclose any information confidential to the employer, which I obtain during this period of work experience. I will obey all safety security and other instructions given by the employer.

STUDENT NAME (printed): \_\_\_\_\_ FORM: \_\_\_\_\_

GENDER: M / F \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SIGNED: \_\_\_\_\_

**PARENT/CARER CONSENT:** As parent/carer of the above learner I give my permission for them to undertake work experience with the employer below.

I will inform the academy & the employer of any medical condition which could result in any unnecessary risk.

I will complete the medical form and ensure the employer receives it.

I confirm that he/she must make their own arrangements for travel to and from the placement and that if he/she leaves the employer's premises during lunch and break periods; no liability can be accepted by the *Employer* or the *Academy* for any incident that may occur. I shall discuss the arrangements for lunch and break periods with my child and make sure they are suitable.

SIGNED BY: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**EMPLOYER CONSENT:**

COMPANY NAME: \_\_\_\_\_ CONTACT NAME (inc title): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

TYPE OF WORK EXPERIENCE BEING OFFERED (Job title / brief description of tasks): \_\_\_\_\_

Medical health check form received? YES  NO

Is this placement exclusively with one member of your staff? YES  NO

As a representative of the above employer I agree to the student named above working on my premises in accordance with the Letter of Understanding and acknowledge my responsibilities under the Health and Safety at Work Act. The student's age and inexperience will be taken into account when agreeing tasks, and I understand that the student must not undertake prohibited activities.

**DATE OF WORK EXPERIENCE WEEK: 24–28 June 2019**

I also sign to confirm that:

- I HAVE EMPLOYERS AND PUBLIC LIABILITY INSURANCE
- I HAVE CHECKED THE STUDENT IS COVERED BY THIS INSURANCE
- I AM WILLING TO PRODUCE THIS CERTIFICATE FOR THE H&S VISITOR IF NECESSARY
- I WILL AGREE TO A HEALTH AND SAFETY CHECK IF NEEDED.
- I AGREE TO DBS CHECKS FOR SAFEGUARDING PURPOSES IF NECESSARY

Signed:		Position:	
Name (printed):		Date:	