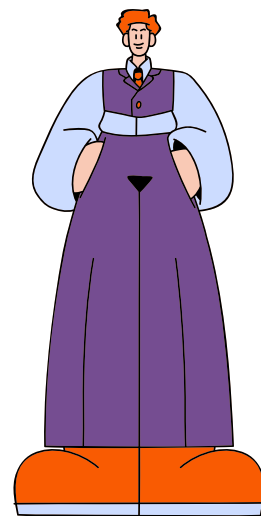
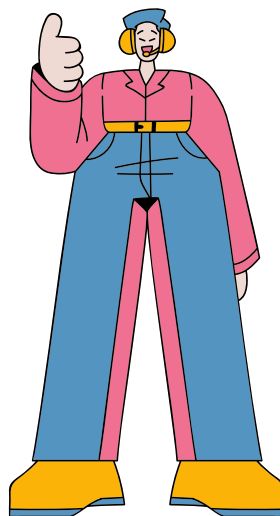
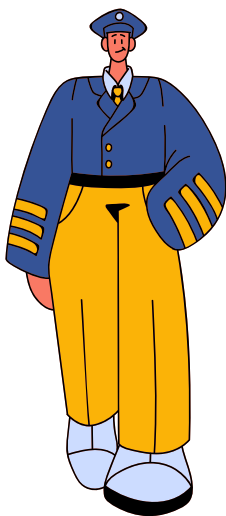


St. Augustine's RC High School

WORK EXPERIENCE 2024

PAPERWORK BOOKLET

24th-28th June



INTRODUCTION

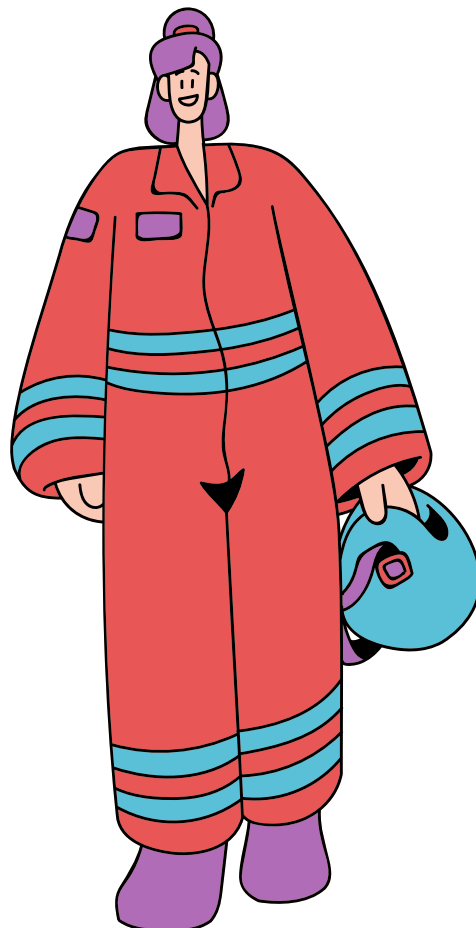
Work experience is an opportunity for year 10 pupils to visit a place of work and learn about a work-based environment. It does not necessarily have to be connected to what you want to become but can also help inform and give vital experience when making decisions on future career choices.

The placement dates will be **Monday 24th June to Friday 28th 2024**. During this week, pupils have the opportunity to learn vital employability skills by working with an employer and experience the world of work in order to prepare them for their future pathways.



SELF PLACEMENT

- A great way to get placement of choice!
- Pupil approaches the employer themselves and enquires.
- Do your research! Try researching online by typing the name of the industry you are interested in followed by the name of your local town or area.
- Once you have a list of a few possible companies or organisations, have a look at their websites. Try to get an idea of the company and the range of experience they might be able to offer you. Make a note of their key operations so that you can demonstrate your interest when contacting them. Enquire about possible placements by telephone.
- Arrange to visit the workplace and get complete the paperwork within this booklet
- Ask if they have Employer's Liability Insurance **AND ASK FOR A COPY**



PROCESS AND TIMELINE

March - pupils make initial contact -short interview via telephone call, speak to the employer about:

- Date of placement - **Monday 24th June to Friday 28th 2024**
- Employer contact details
- Employer address
- Overview of work experience and daily activity

Highlight the need to be able to collect a copy of the Employer Liability Insurance on the site visit

March- April on-site interview:

- Face-to-face meeting to complete the placement form
- Read and understand the conditions of employment for self-placement. Ensure forms are signed and dated by pupil/parent and employer(position in the company must be noted)
- Collect a copy of Employer Liability Insurance (in date and valid)

**Paperwork MUST be returned no later than
Monday April 22nd 2024**



WORK EXPERIENCE PLACEMENT FORM (Deadline for completion 22nd April 2024)

1. PUPIL DETAILS

PUPIL NAME

WORK EXPERIENCE DATES – 24th – 28th June

DATE OF BIRTH / /

GENDER M / F

I agree to participate in the work experience scheme and confirm that I have read and understood the 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.

Do you suffer from: **Migraines** YES / NO **Epilepsy** YES / NO **Diabetes** YES / NO **Asthma** YES / NO

Hearing problems YES / NO **Mobility problems** YES / NO **Allergies** YES / NO

Any other medical ailment or illness.....

Pupil signature:

2. EMPLOYMENT DETAILS

COMPANY NAME CONTACT NAME & JOB TITLE

ADDRESS.....

..... POSTCODE

TELEPHONE/MOBILE NO..... WORK EXPERIENCE JOB TITLE.....

EMAIL.....

BRIEF DESCRIPTION OF TASKS / ROLE.....

DRESS CODE / UNIFORM or SAFETY CLOTHING PROVISION.....

DAYS OF WORK..... HOURS - From..... To.....

Lunch Details (if appropriate)

PARENTAL CONSENT

As parent/guardian of the pupil, I confirm/understand that:

- I have read the placement details and am willing for him/her to participate in work experience with the employer for the duration indicated and will ensure that they adhere to company policies for confidentiality and safety, acknowledging the agreement which they have signed above.
- my son/daughter is medically fit to undertake the placement and s/he does not suffer from any medical condition which could result in unnecessary risk to his/her health and safety, and/or that of the other people in the workplace.
- if s/he voluntarily leaves the employer's premises during lunch break or at other periods during the working day, no liability can be accepted by the employer or the school for any incident that may occur.

Signed:

Name: (please print)

Email:

Date:

ALL SECTIONS OF THIS FORM MUST BE COMPLETED BEFORE THE PLACEMENT CAN COMMENCE

LETTER OF UNDERSTANDING FOR THE EMPLOYER PROVIDING A WORK EXPERIENCE PLACEMENT

The learner will carry out meaningful work, as described in the agreed job description. The employer will ensure that the work will be planned by a responsible person and the learner will receive appropriate instruction and supervision during the work experience. The employer understands that the learner is to be treated as an employee with respect to health and safety legislation. The employer will ensure that the learner does not operate any hazardous machinery, or carry out work of an unsuitable nature, and that any protective clothing/equipment is supplied when necessary with appropriate instruction for its use. Any animals that may cause harm to a learner will be appropriately restrained.

The employer understands his/her duty of care to the learner on the work of placement, particularly in respect of child protection. The employer has read and understood Keeping Children Safe in Education (<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>) and has a designated person responsible for safeguarding.

CONTACT NAME OF DESIGNATED PERSON RESPONSIBLE FOR SAFEGUARDING:

EMAIL ADDRESS:

The employer understands that s/he must carry out a risk assessment of the placement before the placement commences. The employer also undertakes to monitor the placement in the light of the learner's capabilities and to modify the risk assessment if necessary.

The employer will arrange for Employers' Liability Insurance, Public Liability Insurance, and vehicle insurance, as appropriate, and will confirm that the learner on the work experience placement is covered by the appropriate policies. The employer will accept, or insure against, liability for loss, damage or injury caused to or by the pupil, while on the placement, just as for paid employees. The employer will notify their insurer of the learner's participation in work experience.

The employer will observe the relevant legislation laid down in the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, and the Equality Act 2010.

Learner absence, accident or sickness – the learner will notify the school of absence, the employer will immediately notify the school of any accident or incident. The learner will be allowed to use whatever first aid facilities the employer provides.

The employer will allow representatives from the appropriate educational establishment to visit the placement for monitoring purposes.

The learner will not receive any payments for this work. However, the employer may choose to contribute directly to the learner towards the cost of meals and travelling. Details will be included in the job description.

The learner will work the hours shown on the agreed job description. These must conform with employment regulations as they apply to young persons.

3. EMPLOYER CONSENT & EMPLOYERS LIABILITY INSURANCE (ELI) (please fill out all details and provide the pupil with a copy of the certificate

COMPANY NAME..... **INSURANCE COMPANY NAME**.....

INSURANCE POLICY NO:.....**ELI EXPIRY DATE:**.....

As a representative of the above employer, I have checked all placement details overleaf and agree to (full name of pupil)

..... working on company premises in accordance with this Letter of Understanding.

I acknowledge my responsibilities under the Health & Safety at Work Act and will consider the pupil's age and inexperience when agreeing tasks relevant to their job title. I understand that the pupil must not undertake prohibited activities.

I also sign to confirm that:

- I have **employers' and public** liability insurance (ELI & PLI) and checked the pupil will be included under the cover
- I agree to a health and safety check if needed and am willing to produce the above certificate for H&S visitors if requested
- Our company/organisation has a risk assessment for persons under the age of 18 and we are willing to share this
- I confirm that the pupil will receive a full Health & Safety briefing on the first morning of the placement
- I confirm that the pupil will be made aware of the person responsible for safeguarding and advised of how to report any concerns

Signed		Date	
Name (Print)		Position	

PLEASE CONTACT THE SCHOOL DIRECTLY IF THERE ARE ANY CONCERNS WITHIN THIS FORM.

CONTACT DETAILS

Pupil

Name:

Address:

Tel:

Emergency telephone contact for pupil

Name of contact:

Relationship of contact:

Tel:

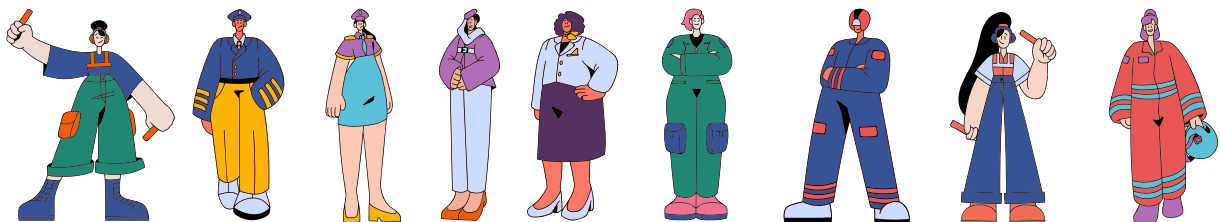
Placement

Organisation:

Address:

Name of contact:

Tel:



Contact: rutterj@sarchs.com or eatoughc@sarchs.com if you need help with anything.

