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Proactive Education Work Experience Form

This serves to confirm that we are able to accept the following student on work experience for the dates indicated below.

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| STUDENT NAME: |  |
| SCHOOL: |  |
| DATES OF PLACEMENT: |  |
| PLACEMENT TITLE: |  |
| JOB DESCRIPTION: |  |

|  |  |
| --- | --- |
| COMPANY NAME: |  |
| NAME OF CONTACT: |  |
| POSITION HELD: |  |
| CONTACT NUMBER: |  |
| EMAIL ADDRESS: |  |
| ADDRESS OF PLACEMENT: |  |
| POSTCODE: |  |

**EMPLOYER’S LIABILITY**

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| **PLEASE ATTACH A COPY OF YOUR CURRENT EMPLOYER’S LIABILITY INSURANCE** | |
| We confirm that our organisation has the afore mentioned Employer’s Liability Insurance policy in place and that it will cover students doing their work placement with us. | |
| We understand that there will be a need to visit our premises to discuss the placement and conduct a suitability assessment for school age young people. | |
| EMPLOYER’S NAME: (please print) |  |
| EMPLOYER’S SIGNATURE: |  |
| DATE: |  |

|  |  |  |
| --- | --- | --- |
| Please use the table below to add any information you feel would help the employer to support your child on work experience. | | |
|  | Yes/No | What support, if any, would help your child when completing their work experience placement? |
| Does your child have any special educational needs or disability (e.g. Dyslexia, ASD, Visual, Hearing or Physical impairment)? |  |  |
| Does your child have any health needs (e.g. Asthma, Diabetes, Allergies)? |  |  |
| Is your child confident in an English speaking environment? |  |  |

|  |  |
| --- | --- |
| Any other comment: |  |

**PARENT/CARER AGREEMENT TO PLACEMENT**

Please read the following guidelines before signing below.

**Job Choices** – These should be discussed with your child and agreed by the parent/guardian.

**Hours of Work** – These will be shown on the Job Description and are the normal hours a student should expect to work in that particular organisation.

**Travelling/Fares** – Please note that fares are not normally reimbursed and also that it is the responsibility of parents and students to ensure that they can make suitable travel arrangements.

**Lunches** – These are not normally provided. Please see the Job description for full details.

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| --- | --- | --- | --- |
| **Please note: Once this section is signed and received by the WRL team at school, any change/cancellation by you or your child will incur an administrative charge, charged by the school.** | | | |
| PARENT NAME: (please print) |  | DATE: |  |
| PARENT SIGNATURE: |  | | |