

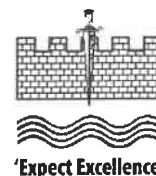


SHOEBURYNNESS HIGH SCHOOL

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Year 10 WORK EXPERIENCE SELF-PLACEMENT FORM

Date range: 8th – 19th July 2024

Dear students, parent/carers, and employers,

Year 10 students have been tasked with finding a two-week work experience placement between 8th – 19th July 2024. Many employers have participated in Work Experience schemes in previous years and is something that can prove equally beneficial to the organisation and the student.

As you would expect, there are legal and responsible elements to running a Work Experience programme that must be in place by all parties involved before final confirmation that a placement can go ahead, and these have been summarised below.

Information for the Student

By applying to, and accepting a work experience placement the student will be agreeing to:

- Attend the placement at the agreed times, for the agreed duration
- Respect the confidentiality of the company and its client, including making no references on social media regarding the company, its staff, or its clients
- Abide by the company policies (including Health & Safety, mobile phone) and taking notice of any Risk assessments that apply to keep themselves and staff safe in the working environment
- To inform both the school and the employer of any absence in a timely way
- Recognise that work experience is a non-paid activity

Information for the Parent/carer

BY agreeing that your child can attend the work experience placement you are agreeing to:

- The school sharing details of any medical or learning needs that the employer may need to be aware of to keep the young person and other employed staff safe in the workplace
- Pay for travel and any other expenses associated to the placement
- Recognise that the student may not be supervised during breaks and lunch should they decide to leave the premises
- To inform both the school and the employer of any absence in a timely way
- Recognise that work experience is a non-paid activity

The school

On agreement that a placement can proceed the school is confirming its support of the placement by:

- Taking all reasonably practicable steps to ensure the safety of our students on work experience. This will include checking for Insurance, Health & Safety policies and Risk Assessments either via on-line or in-person questionnaire.
- Provide the employer with safeguarding guidance
- Providing support for the student and employer before the start date, during the placement via check-in, and after the placement finishes via feedback.

Information for the Employer

Thank you for considering offering the student a work experience placement. By agreeing to take the student on work experience, you will need to provide them with certain information so that they can start the process of obtaining parental and school agreement. This information should be completed on the sheet attached.

For safeguarding and suitability of the placement purposes, you will be agreeing to the school conducting a work experience placement assessment. For the majority of placements, this can be completed on-line via the Careers platform that the school uses, Unifrog.

You will be asked to confirm:

- The hours, days, dress code and type of things that the student will be doing on their placement
- Valid Employers Liability Insurance (it will request that you supply a copy)
- Established Health & Safety policies in line with HSE guidelines (it may ask you to supply copies which we do not need. If we need to confirm anything we will call you)
- Established Risk Assessment in line with HSE guidelines (it may ask you to supply copies which we do not need. If we need to confirm anything we will call you)
- Confirm that you will abide by data protection and privacy laws

You will be able to view the schools' safeguarding guidelines and links to how Unifrog keep your information private and secure.

You will also have access to Unifrog's guides for running placements if you think they may be useful.

For placements that may hold additional risks and/or the student may have additional medical and/or learning requirements, it may be more appropriate to have a face-to-face meeting to confirm the work placement assessment instead of the online assessment.

If you have any questions, please contact the school:

Mrs Wood - Curriculum Support Assistant/Work Experience Administration

Tel: 01702 292286 ext. 3036 swood@shoeburyness.secat.co.uk

Mrs Fanning – Assistant Head/Careers Lead

Tel 01702 292286 ext. 3013 lfanning@shoeburyness.secat.co.uk

To be completed by the Employer

Placement dates:

Employer			
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Please provide the name of the person who will receive any correspondence, including the invite to complete the online questionnaire below:

Employer contact name			
Email address			
Contact telephone number			
Address			
Is this the address that the student will be based at during the placement?	Yes / No		
If No, please give the alternative address if known:			
Please outline the days and hours the student will be required to work. We suggest a minimum of 20 hrs per week over a maximum of 5 days per calendar week			
Please confirm that you have Employers Liability Insurance	Yes / No		
There are a limited number of reason where ELI is not required. If this is applicable to you, please provide a brief explanation here:			
I am happy to complete an on-line work placement questionnaire for this placement	Yes / No		
I would like to receive an in-person work placement assessment for this placement	Yes / No		

To be completed by the Student and/or parent/carer

Student Name		
Date of Birth		
Will you be living at home during the placement?	Yes /No	
If no, where will you be living?		
How will you travel to the placement?		
If there are costs involved in the travel, parent/carer agrees to cover the costs?	Yes / No	
Do you have any special requirements, medical conditions, allergies or injuries that may affect your placement?	Yes / No	
If yes, please outline these briefly below:		
Please provide the name of the parent/carer that will be providing email authority for the placement to go ahead		
Parent/Carer name		
Parent / Carer email address		
Parent / Carer signature		