



WORK EXPERIENCE EMPLOYER AGREEMENT FORM
Dates of Work Experience: 24th to 28th MAY 2010

FITZHARRYS SCHOOL

Name of student: Form group:

Company Name:
 Address
 Post Code:
 Type of business:
 Contact Name: Position:
 Telephone no: Fax no:
 Email address:
 Placement supervisors name (if different from contact name):

PLACEMENT DETAILS

Type of work experience opportunity offered:

Main tasks to be performed:

Days student will be required to work (please tick all appropriate)

Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>

Hours of work: From: To: or Rota: yes/no
 If student is expected to undertake a shift pattern, please enclose the rota when returning this form.

Pre-meeting or interview required Yes / No *(please circle as appropriate)*

Learning objectives which may be achieved in this placement (please tick box where appropriate):

Using personal skills (timekeeping, presentation, etc)	<input type="checkbox"/>	Using communications skills	<input type="checkbox"/>
Using personal skills(working with others)	<input type="checkbox"/>	Using problem solving	<input type="checkbox"/>
Taking responsibility	<input type="checkbox"/>	Using numeracy skills	<input type="checkbox"/>
Using initiative	<input type="checkbox"/>	Using ICT skills	<input type="checkbox"/>
<input type="checkbox"/>	Please state any other learning objectives which may be achieved:		

Will the student need to: *[Circle where appropriate]*

Provide Safety Footwear	Provide Overalls	Have Tetanus/ Immunisation up to date	Have/provide anything else (please give details)
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EMPLOYER'S/PLACEMENT PROVIDER'S SECTION

- I have read the Oxfordshire Education Business Partnership '*Information for Employers*' leaflet and agree to accept the student named overleaf for Work Experience during the stated period.
- I understand that I will be contacted by the Oxfordshire Education Business Partnership if I am not already registered as an approved Work Experience provider.
- I have appropriate insurance to cover work experience students (and have notified my brokers if necessary)
- I will undertake to provide induction training including Health and Safety and emergency arrangements.
- I will notify the school in the event of any absence, early termination of placement, injury, or any other difficulties regarding the student.
- I will undertake to have due regard for the welfare of the young people in the workplace and understand that it may be necessary to undergo a Criminal Records Bureau Check in line with the 'Safeguarding of Children in Education' [DfES Guidance September 2004]
- I am aware of the requirement on employers to complete a suitable and sufficient risk assessment and to provide information to a parent/guardian for a child of compulsory school age in accordance with the *Management of Health and Safety at Work Regulations 1999 (as amended)*

Signed Date

Name (print)

STUDENT'S SECTION

- I agree to participate in the Work Experience placement outlined above.
- I agree to hold in confidence any information about the Employer's business, which I may obtain during this work experience placement and not to disclose such information to any other person without the Employer's permission.
- I agree to observe all safety, security and other regulations laid down by the Employer and made known to me verbally, in writing, or by displayed instructions.
- I agree to inform the Employer as soon as possible of any absence from the work experience placement.

Signed Date

Name (print)

SCHOOL'S/COLLEGE'S SECTION

- I agree to the student undertaking Work Experience as outlined above and confirm that the Employer has been notified of any medical or special educational need or other circumstances relating to the student which are relevant to this placement.
- I agree to brief the student before the Work Experience placement commences including Health and Safety matters.

Signed Date
By Work Experience Coordinator

Name (print)

Office use

Date received		Copy sent to parent/guardian on	Signed/Dated
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