

# Work Experience Agreement

## Year 10, 4 - 8 July 2022



Meadowhead School  
Dyche Lane  
Sheffield S8 8BR  
0114 2372723

*All work experience placements will be subject to any national/ local restrictions in place at the time of the placement.*

Please tick below:

- This work experience placement will take place in-person.
- This work experience placement is online/virtual. **Please provide dates and approximate hours overleaf.**
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If the placement provider has offered you work experience that differs from the school arrangements, please tick below:

- I request school approval for work experience outside the agreed dates. **Please provide dates & reason overleaf.**
- I request school approval for home-based work experience. **Please provide reason overleaf.**

Requests for alternative arrangements will be considered on an individual basis by the leadership team at school. You will be contacted by the Careers Team with the outcome of this request.

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**Student:** \_\_\_\_\_ **Form:** \_\_\_\_\_

As the student named above, I agree to take part in this work experience placement. I agree to observe all safety, security and other regulations laid down by the employer's representative or by displayed notices. I agree to abide by the employer's rules and regulations to ensure a Covid-secure workplace.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parent/Carer Agreement

As parent/carers of the student named above, I confirm that I have agreed to his/her taking part in this placement. I confirm that I have read and understood this form and I have consented below to relevant information being shared with the placement provider in order for the work experience placement to take place. I understand that my child needs to follow all rules and regulations to maintain a Covid-secure workplace.

**Please tick:**

- I consent to the school sharing relevant recorded SEND and health information with the placement provider so my child can be adequately supported during work experience.
- I consent to the school sharing contact information with the placement provider where required for the purposes of work experience.
- I agree to notify both the school and the placement provider if my child is absent from work experience, providing details of the reason for absence.

**Parent/Carer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Continued overleaf

## Placement Provider (Employer) Agreement

<b>Company name and placement provider address</b>	
<b>Contact person &amp; job title</b>  <b>Supervisor (if different to contact name)</b>	<b>Phone number</b>  <b>Email address</b>
<b>Job description/duties</b> (Please include details of induction process, supervision arrangements, typical tasks and where the student will be working)	<b>Working times/hours</b>  <b>Special requirements/clothing required</b>  <i>Continue in Further Information below, if more space needed</i>

For virtual experiences, please attach employer email confirmation in place of the signature/details required below.

**As a representative of the above employer, I confirm I have met or spoken with the student prior to the placement starting and I am able to offer them the above placement within the organisation. We have arrangements in place for the employment of young people and I can confirm that we are fully Health and Safety compliant. We agree to notify the school if the student does not attend placement. We agree to make the school aware of any Covid cases directly impacting on a student on site.**

**Placement Provider (Employer) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Further information</b>
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**STUDENT** Please make sure you make a note of any arrangements (start time, clothes required etc) before you return this agreement to your form tutor.

**EMPLOYER** You will see your work experience student on the agreed start date. You should expect a member of school staff to get in touch shortly before this date and again during the week of week experience. For further information on your responsibilities as a placement provider, please see <https://www.hse.gov.uk/youngpeople/workexperience/placeprovide.htm>. If you have any questions, please contact Bev Simpson, [simpsonb@meadowhead.sheffield.sch.uk](mailto:simpsonb@meadowhead.sheffield.sch.uk), 0114 2372723 ext 762, Careers Office. Many thanks for supporting the school and our students.