

BETHS GRAMMAR SCHOOL
WORK EXPERIENCE "OWN FIND" PLACEMENTS FORM FOR 2019

The student, their Parent/Carer and the company/organisation, must complete and return this form by the deadline Monday 18th February 2019. Kent Education Business Partnership (KEBP) is the managing agent for Work Experience appointed by Beth's Grammar School.



Student Name: Form/Tutor Group:
Date of Birth: Age: (as at July 2019).....

Placement Period: From:..... To:.....

Home Address

Home Telephone No:

Emergency Contact Name & Telephone No

Student Mobile Number

Is the Company Contact a: Relative/Family Friend/Neither (please circle as appropriate)

Parent/Carer agreeing to this work experience placement Signature.....

Print name..... Date.....

*******THIS SECTION TO BE COMPLETED BY THE EMPLOYER*******

Name of Company/Organisation:

Type of business:

Address of Company:

Address of Placement if different:

Company telephone number:

Company email address:

Brief description of student tasks:

Name and Position of Company Contact

EMPLOYERS LIABILITY INSURANCE (ELI)

Companies/organisations without Employer Liability Insurance cover are deemed as unsuitable for Work Experience Placements. Proof of insurance must be made available for inspection if requested by KEBP

Insurance Company:

(ELI) Policy No:

Expiry Date:

Is this company a Sole Trader: Yes/No

Signature:.....

Print Name:.....

Date:

WORK EXPERIENCE AGREEMENT

Please complete both sides of this form and return to Work Experience Coordinator

EMPLOYER

Company Name:

I confirm this student has contacted me regarding his placement and I agree to:

- Provide a H&S briefing induction on the first day
- Provide him with appropriate duties
- Inform the school should any problems arise or if he fails to attend on any given day.

Signed: Name: Date:

STUDENT

Student Name: **Form:**

I Confirm that I have contacted and discussed my placement with the provider and I agree to:

- Have a positive attitude
- Attend every day on time
- Call my employer and the school before 9am if I am unable to attend on any given day
- Follow all H&S, confidentiality and workplace rules

Signed: Name: Date:

PARENT/GUARDIAN

I confirm that I have read and understood this document and all other documentation in relation to the Work Experience placement. I agree to my son taking part in this scheme. I will ensure that he observes the conditions set out and confirm that I will encourage him to have a positive attitude, attend every day on time, and complete his Work Experience diary.

I have completed and returned the Health Declaration form.

Signed: Name: Date: