

Student Arranged Placement Form (WE3)

Ecclesfield School Work Experience

3 – 7 July 2023



Complete this form fully (including the employer liability insurance details), with signed declarations from the student, the employer and parent/guardian.
Submission date: **28 February 2023**

Student Contact Details (Student to Complete)

First Name:	Last Name
ADNO (Admission No):	Form Group:

Emergency Contact Details (Parent to Complete)

Emergency Contact Name:	
Emergency Contact E-mail:	Emergency Contact Tel No:

Health, Well-being & Special Educational Needs (Parent to Complete)

Please inform us of any medication, health conditions, special educational needs or issues that could affect the students work experience placement.

Work Placement Organisation Details (Employer to Complete)

Business / Organisation Name:	
Address (including Postcode):	
Placement Contact Name:	Placement Contact Position:
Placement Contact E-mail:	Placement Contact Tel No:

Employer's Liability Insurance (Employer to Complete)

Note: the work placement cannot go ahead without this requirement.

Name of the Insurer:	Policy No:	Expires:
Health & Safety Contact Name:	Health & Safety Contact Tel No:	

Work Placement Outline (Employer to Complete)

Work Placement Job Title:

Work Placement Role, Responsibilities and Tasks (mandatory):

Placement Dates:

From:

To:

Placement Hours:

From:

To:

Student Signed Declaration

'As the Student, I agree to the **Work Placement**, as outlined in this document'. Please tick.

Student Name:

Student Signature:

Date:

Parent / Guardian Signed Declaration

'As the parent/guardian, I agree to my child undertaking the work placement as detailed in this document. I understand it is my duty to supply any relevant health, well-being and special educational needs, which could affect my child's safety whilst on placement'. I confirm all the information provided is accurate. I agree to the use of the data by Ecclesfield School, Sheffield City Council (Opportunity Sheffield) and the proposed Employer, to provide the required Health & Safety Risk Checks'. Please tick.

This **Work Placement** has been organised through personal contact / family member and I am assured that my child will be well looked after and kept safe'. Please tick.

Parent / Guardian Name:

Parent / Guardian Signature:

Date:

Employer Signed Declaration

'As a representative of the above company, I agree to offer this student a placement as detailed in this document'. Please tick.

'I also confirm that I'm aware of any medical conditions and education needs detailed in the **Health, Well-being & Special Educational Needs** above. Please tick.

'I also confirm that we agree to the Work Placement Terms & Conditions'. Please tick

Employer Representative Name:

Employer Representative Signature:

Date:

How you need to submit this document

① Submit this information, online, to Ecclesfield School: <https://forms.office.com/r/6Gp49t39m6>

② Then, return a signed copy (by all parties), printed to **Room W212** or scanned to **careers@eccoschool.com**

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WORK PLACEMENT TERMS & CONDITIONS

Please be aware that by signing the Student Arranged Placement Form (WE3) you are agreeing to the terms and conditions below. This agreement between the parties becomes operative from the student's first day on placement, until the end of the last day. **Please keep a copy for your records.**

- Provide work experience, as stipulated in Work Placement Outline.
- To provide appropriate supervision, information, training and management for the student, whilst they are on placement - taking into consideration their age and lack of practical experience.
- To ensure the student has the same rights and obligations as an employee under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999, including regulation 19 regarding Young Persons.
- To induct the student on the first day (or by prior arrangement), specifically including Health and Safety.
- You have the permission/authority to offer work experience placements in your business/service.
- If for some reason you are unable to support the student please inform Ecclesfield School and Sheffield City Council (Opportunity Sheffield) immediately.
- To notify Ecclesfield School immediately of all accidents (including minor) involving the student.
- To contact Ecclesfield School and Sheffield City Council (Opportunity Sheffield) regarding grievance and disciplinary matters.
- To notify Ecclesfield School of any absences of the student, including sickness.
- To allow Ecclesfield School staff onto the premises for monitoring/feedback purposes, if requested.
- To designate an employee to be responsible for the student's welfare whilst on placement and ensuring that the student is appropriately supervised whilst on site.
- To ensure the student has 2 days off work, in a 7 day period.
- To ensure the student works no more than 8hrs/day, excluding breaks.

Sheffield City Council (Opportunity Sheffield) and Ecclesfield School accept no responsibility for any injury, loss or damage caused by any act or default of a student on work placement.

careers@eccoschool.com