

Cambourne Village College

Student Self-Organised Placement Form

This form should be completed and **signed by the employer, parent/carer and student** and returned to Mrs McCormack as soon as the placement has been secured. Mrs McCormack can be contacted on 01954 284000 or vmccormack@cambournevc.org.

Forms to be handed in as soon as possible or by Monday 23rd January 2023 to the Careers Office (located in reception)

ALL BOXES TO BE COMPLETED BY THE STUDENT, EXCEPT THE EMPLOYER CONFIRMATION AND PARENT/CARER CONSENT

Student Details

Work Experience Dates: 12th – 20th July 2023		
Name of Student:	Date of Birth:	Tutor Group: 10

Placement Details

Name of Company/Organisation:	
Does the employer have 4 or fewer employees? Yes/No	
Experience offered:	
Contact person at employer:	
Tel No:	Job Title:
Address of Company/Organisation:	
	Post Code:
Email:	
For risk management and child protection reasons, students should only apply to established companies/organisations with Employer Liability cover. Please confirm with your employer that they have Employer Liability Cover, provided by a member of the Association of British Insurers or Lloyds, covering those under 18 years of age.	

Placement Description

Breakdown of key activities/tasks to be performed by student:
1.
2.
3.
4.

Placement requirements:

Dress code / any safety or personal protective equipment student needs to provide:
Working Days and Times: (eg Mon-Fri 9-5pm)
Lunch arrangements:
Travel arrangements:
Are there any relevant learning/behavioural difficulties, disabilities or medical health conditions that would affect a young person working in your environment?

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Employer Confirmation

I agree to the above-named student attending work experience with this company/organisation as detailed above. I confirm that we have suitable Employer's Liability Insurance, and have noted any medical or behavioural conditions which may affect the student while on a placement.

Signed on behalf of the company/organisation:

Name: (capitals)	Position:
Date:	Email:
	Tel No:

I am happy for my contact details above to remain on Cambourne Village Colleges list of possible placement providers for future work experience placements. YES/NO

Employer's Liability Insurance

Name of insurer	
Policy number	
Expiry date	

Student Agreement

As the student named above, I agree to take part in work experience and follow all the agreed health and safety rules and risk management/security regulations. I understand that I may gain access to sensitive information whilst at work and I agree to treat all information as confidential unless told otherwise by my supervisor.

I understand that I am representing the school, and promise to abide by the professional expectations of the employer.

Student Signature:	Date:
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Parent/Carer Consent

As parent/carers of the student named above I agree to his/her doing work experience. In the interest of my child I confirm that (please tick and sign)

He/she does not have any medical conditions which could result in an unnecessary risk to his/her health or safety, or to the health or safety of another person.

OR

He/she has the following medical conditions, which the student will convey to the employer:

The student will take any medication with him/her that needs to be brought to the workplace.

I understand that my child may have to travel some distance to a placement and I will be responsible for travel costs.

I understand that the school has no liability for any loss or injury arising from this placement, and am satisfied that the employer has adequate insurance and risk management provisions in place.

Do you give consent for your child to attend, and travel to, any offsite business trips during their work experience placement?

Yes No

Please note that it is parent/student responsibility to inform both the employer and Cambourne Village College of any student non-attendance at placement.

Signed: (Parent/Carer)	Date:
Emergency Contact Name:	Tel No:

How did the student find this placement?