



**THE DEAN TRUST**  
**Ashton on Mersey School**

**Work Experience Agreement 2018**  
 Monday 9<sup>th</sup> – Friday 13<sup>th</sup> July 2018

**Four signatures will be required on commencement of the work experience placement.**

- Parent /Carer
- Pupil
- School Work Experience Co-ordinator
- Employer

**School Contact**

Work Experience Co-ordinator	Miss Charlotte Vernon
Telephone Number	0161 973 1179 ext *2269
Email address	cvernon@aom.trafford.sch.uk

**Pupil Information**

Name:
Form:

**Parent/Carer Information**

Parent/Carer Name:
Contact Number:

*Sections A and B to be completed by Parent/Carer and Pupil*

**A. TO BE COMPLETED AND SIGNED BY PARENT/CARER**

It is a condition of work experience that pupils do not receive payment.

An employer participating is asked to confirm that they have Employer and Public Liability Insurance that covers a pupil on work experience.

Under health and safety law the pupil is regarded as an employee. As such, the employer has the same responsibilities for health, safety and welfare of the pupil as it does its other employees.

You are however required to disclose any medical conditions or additional needs the pupil may have to enable the employer to ensure the health, safety and welfare of the pupil during the placement.

**Failure to disclose any medical conditions or additional needs may jeopardise the success of the placement and could invalidate your child's insurance cover.**

As Parent/Carer of the pupil named above, I accept responsibility for him/her when not on site i.e. travel to and from the work placement, lunch period. I also undertake to ensure that he/she adheres to the stipulated conditions.

I confirm that he/she **does/does not\*** have any medical condition that could result in unnecessary risk to his/her health and safety or to the health and safety of another person whilst undertaking work experience.

My son/daughter has the following condition(s): *Please also indicate if your son/daughter regularly takes any medication that needs to be brought to the workplace:*

Whilst undertaking work experience this means that he/she **will/might\*** need the following assistance/support:

Parent/Carer Name: .....

Parent/Carer Signature: ..... Date: .....

*\*Please delete as appropriate*

**B. TO BE SIGNED BY PUPIL - after completion of Section A by the parent/carer**

As the pupil named above, I agree to follow all safety, security and other instructions given by the employer, both written and verbal. I also undertake not to disclose any information confidential to the employer without the employer's approval.

Name: .....

Pupil Signature:..... Date:.....

*Form to be taken to employer for completion of Section C*

**C. TO BE COMPLETED AND SIGNED BY EMPLOYER - but only after completion of Sections A and B to ensure that all relevant information has been provided and received, to ensure a successful placement.**

<b>Company Name:</b>
<b>Address:</b>
<b>Telephone Number:</b>
<b>Work Experience Contact Name:</b>
<b>Email address:</b>
<b>Role offered:</b>
<b>Description of duties:</b>
<b>Hours of work:</b>

As an authorised representative of the above named employer, I agree to the pupil named above undertaking work experience with the organisation/company in accordance with the health and safety law.

I can confirm the Employer's Liability insurance policy is with

.....

The pupil will be treated as an employee and no differently to other young people we employ.

I confirm that I have read Sections A and B and, where necessary, will undertake to provide the additional support or assistance required by the named pupil whilst undertaking work experience.

Please tick the box if it has been necessary to revise either the job description or the risk assessment

Employer Contact Name : ..... Job Title:.....

Employer Contact Signature:..... Date:.....

Although it is important that relevant information concerning a pupil's specific needs or requirements is shared with all those involved with supervising the pupil, please treat this information as confidential, retaining a copy of this form for your records and returning it to the school at the end of the placement.

*Form to be taken/sent to school for completion of Section D*

**D. TO BE COMPLETED BY THE SCHOOL - but only after completion of Sections A, B and C**

In my capacity as Work Experience Co-ordinator, I confirm that sections A, B and C have been fully completed.

Name: .....

Signature: ..... Date:.....

**NB: The work experience placement cannot commence until the form has been checked by the school.**