

WORK EXPERIENCE - AGREEMENT FORM 2024/25

All sections of this form must be completed in full prior to the placement start date. No work placement is to take place until this form is handed in to the lecturer, uploaded onto the Xtra system and approved by Work Experience Champion and Head of Learning.

Student Details		Student Number	<input type="text"/>
Student Name	<input type="text"/>	D.O.B	<input type="text"/>
Curriculum Area	<input type="text"/>	Course Code	<input type="text"/>
College Course	<input type="text"/>		
Course Lecturer	<input type="text"/>		

Placement/Employer Details			
Business Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Contact Name	<input type="text"/>	Tel. No	<input type="text"/>
Contact Email	<input type="text"/>		
Brief description of tasks/jobs you will be doing for your Work Experience	<input type="text"/>		
Start Date	<input type="text"/>	Finish Date	<input type="text"/>
Start Time	<input type="text"/>	Finish Time	<input type="text"/>
		Average Lunch Break	<input type="text"/>
Work Experience with:	Student's Employer (Paid) <input type="checkbox"/>	College Department <input type="checkbox"/>	Voluntary Organisation <input type="checkbox"/>

Section 1 Student to Sign			
<p>i) Hold in confidence any information about the Employer's business which I may obtain during this work period and not to disclose such information to another person without the Employer's permission.</p> <p>ii) Observe all safety, security and other regulations laid down by the Employer and made known to me either by the Employer's representative or by displayed instructions;</p> <p>iii) Inform the Employer and the College as soon as possible of any absence from the work experience placement.</p> <p>Please read and circle either A or B of the following statements which applies to you</p> <p>iv) (A) I do not suffer from any physical or medical condition including allergies and special dietary requirements which could result in an unnecessary risk to my health and safety or that of another person.</p> <p>(B) I suffer from the following physical or medical condition including allergies and special dietary requirements and this information should be conveyed to the employer</p> <p>If you circled option B, please provide details in the space below</p> <input type="text"/>			
Student Signed	<input type="text"/>	Date	<input type="text"/>

Section 2 Parent/Guardian/Carer to sign if student is under 18			
As parent / guardian / carer of the student named above, I confirm that: I have read and understood this form and agree to them taking part in this scheme and undertake that they will observe the conditions set out.			
Name	<input type="text"/>	Relationship to Student	<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/>