

WORK EXPERIENCE AGREEMENT

WEX Dates:

Student / School

Name: Date of Birth:
 Age: Years Months Gender:
 School/College: Tutor Group:
 Telephone (School): Emergency Contact (Parent) –
 Name: Tel:

HEALTH / OTHER RELEVANT INFORMATION: *Please indicate any medical condition(s) or other information that employers should be aware of (eg, colour blindness, hearing difficulties, dyslexia, asthma, eczema, epilepsy, criminal record, involvement with the Youth Offending Team etc). This information is confidential. Do not leave blank – if none, write 'none'.*

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As the named student (above) I agree:

To take part in this work experience scheme. To 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. To obey all safety, security and other regulations laid down by the employer and made known to me either by the employer's representatives or by displayed instructions.

Signed Date

Employer

Employer:
 Job Address:
 Postcode:
 Contact Name:
 Contact Telephone:
 Contact Mobile:
 Contact Email:
 Start Date:
 End Date:
 Job Title:

Job Description:

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 Hours of Work:
 Lunch:
 Important Info:
 Clothing:
 PPE:
 Transport:
 Notes:

As representative of the employer I agree to the student named above working on my premises in accordance with the *Letter of Understanding* (below). I agree to abide by all legislation relating to Equal Opportunities and Health & Safety including the Health & Safety at Work Act 1974, the Management of Health & Safety at Work Regulations 1992 and the Health & Safety (Young Persons) Regulations 1997. I will arrange for my Employer's Liability insurance to cover against accident or injury caused to the student by negligence of the employer or another employee and will accept or insure myself against liability for loss, damage or injury caused by the student in the same way as for paid employees. ELI will be valid for the duration of the entire placement. *Please complete details below:*

Insurance Company	Policy Number	Expiry Date on NYBEP system	Expiry Date

I confirm that the current Job Description is correct (employers are encouraged to provide a student interview as part of their work experience).

Signed _____ Name _____ Date _____

LETTER OF UNDERSTANDING FOR THE EMPLOYER PROVIDING A WORK EXPERIENCE PLACEMENT

The learner will carry out meaningful work, as described in the agreed job description. The employer will ensure that the work will be planned by a responsible person and the learner will receive appropriate instruction and supervision during the work experience.

The employer understands that the learner is to be treated as an employee with respect to Health & Safety legislation. The employer will ensure that the learner does not operate any hazardous machinery, or carry out work of an unsuitable nature, and that any protective clothing/equipment is supplied when necessary with appropriate instruction for its use. Any animals that may cause harm to a learner must be appropriately restrained.

The employer understands his/her duty of care to the learner on the work of placement, particularly in respect of the principles described in the Child Protection Guidance.

The employer understands that s/he must carry out a risk assessment of the placement and this must be communicated to the parent/carer of the learner who is to undertake the placement, before the placement commences. The employer also undertakes to monitor the placement in the light of the learner's capabilities and to modify the risk assessment if necessary.

The employer will arrange for Employers' Liability Insurance, Public Liability Insurance and vehicle insurance, as appropriate, and will confirm that the learner on the work experience placement is covered by the appropriate policies. The employer will accept, or insure against, liability for loss, damage or injury caused to or by the student, while on the placement, just as for paid employees. The employer will notify their insurer of the learner's participation in work experience.

The employer will observe the relevant legislation laid down in the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, and the Equality Act 2010.

In case of learner absence, accident or sickness, the employer will immediately notify the school. The learner will be allowed to use whatever first aid facilities the employer provides.

The employer will allow representatives from the appropriate educational establishment to visit the placement for monitoring purposes. The employer gives permission for the educational establishment or its representatives to process employer details for the purposes of work experience, in accordance with the Data Protection Act 1998. Learners' personal details are confidential and should be safeguarded in accordance with the Data Protection Act 1998.

The learner will not receive any payments for this work in accordance with the Education (Work Experience) Act 1973. The employer may choose to make a contribution directly to the learner towards the cost of meals and travelling. Details will be included in the job description.

The learner will work the hours shown on the agreed job description. These must conform with employment regulations as they apply to Young Persons.

The learner agrees that he/she will not disclose any information confidential to the employer and will obey all safety, security and other instructions given by the employer. The learner will be required to sign an agreement to these terms and the learner's parent/carer will ensure that the learner adheres to this agreement. The learner's parent/carer will confirm that s/he is not suffering from any complaint which may cause a hazard either to the learner or those working with him/her. The school will advise the employer of any known details concerning the learner which may require special attention to ensure a successful placement.

Parent / Carer

As parent/guardian of the learner I confirm that I have read the placement details and I am willing for him/her to participate in work experience with the employer for the agreed period of time. I also confirm that s/he is medically fit to undertake the placement. I confirm that if s/he leaves the employer's premises during lunch break periods, no liability can be accepted by the employer or the school for any incident that may occur.

I understand that NYBEP will pass on relevant information to the employer so they can provide a suitable experience and do everything reasonable to protect the health, welfare and safety of students. All personal information will be kept to a minimum and will be handled in compliance with the Data Protection Act (1998).

Signed:			
Name:		Date:	