



Park Hall Academy Work Experience Placement Details

Monday 17th July 2023 – Friday 21st July 2023

Student Details

Name of Student: _____ Male / Female TG: _____

Date of Birth: _____ Medical Conditions (*of which employer should be aware*):

Company Details – (*please complete **once** the placement has been agreed*)

Name of organisation: _____

Address: _____

Postcode: _____

Full name of contact person/position within company: Mr/Mrs/Ms etc _____

Telephone number(s): _____ Email: _____

Type of work/tasks to be undertaken by the student: _____

Dress Code: _____ Start Time: _____ Finish Time: _____

Lunch Times: _____ Catering Arrangements: _____

Protective Clothing Required / Provided / N/A Details: _____

Employer Liability Insurance Provider: _____

Policy No: _____ Expiry Date: _____

If policy has expired during placement dates, I agree to renew the policy prior to pupil's placement

Identified Hazards and Control Measures (*if you have an activity Risk Assessment, please attach a copy*)

Dates of placement offered: **Monday 17th July 2023 – Friday 21st July 2023**

Please be aware that due to current guidance (KCSIE 2022) pupils are unable to go on a placement where there is lone working or working with just one adult.

Signed: _____ (*contact person at placement*) Date: _____



Any queries please contact Mrs Dann on 0121 748 0434 or email sdann@parkhall.org

Parent/Carer Consent

I request the Academy to confirm Work Experience at the named company and have read and agree to the conditions given earlier. I give my consent for my son/daughter to participate in work experience. I understand that my child will not be able to participate in work experience without employer liability insurance. I understand that my child will not be able to participate in work experience whereby there is only one adult present (with the exception of mother or father).

My son/daughter does not suffer from any medical condition which may result in a risk to their health and safety or that of any other person. I will ensure that details of any medical condition/treatment that the work experience provider may need to know in order to undertake an appropriate risk assessment are given.

If my child is ill during work experience I will inform the placement and also Park Hall Academy.

Signed: _____ Date: _____
(Parent/Carer)

Student Agreement

I agree to respect confidentiality of all information about the employers' business.

I agree to observe the conditions and rules, particularly with regard to safety and security.

I understand I have a duty of care towards the employer, employees and equipment.

I will inform the school if there are any problems whilst on placement.

Signed: _____ Date: _____
(Student)

STUDENTS SHOULD RETURN THIS FORM TO MRS DANN AT RECEPTION

**PLEASE NOTE: ALL PLACEMENTS MUST BE APPROVED BEFORE WORK EXPERIENCE STARTS
IF APPROVAL IS NOT GIVEN THE PLACEMENT CANNOT BE USED**

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