

SW/JL

17th October 2022

Dear Parent/Carer

Your son/daughter has now been informed that they will be participating in work experience placement from Monday 5th December to Friday 9th December 2022.

Your son/daughter is now required to source their placement with an employer and return the completed Self Placement form to Mrs Livesey by Friday 18th November. The placement will then be checked for Health & Safety and Insurance purposes and confirmation will then be given for the placement to go ahead.

This is an excellent opportunity for your son/daughter to gain experience of the world of work and enhance their skills and experience and as always we are grateful for your support.

If you have any questions please do not hesitate to contact Mrs Livesey in the Careers Office.

Yours sincerely

Mr S Ward
Deputy Head Teacher

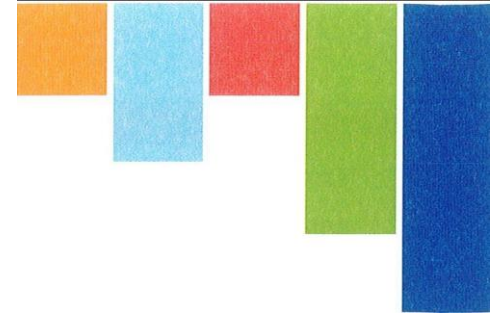
Miss J Allen
Head Teacher

.....
I acknowledge that my son/daughter has informed me that they will be participating in work experience from Monday 5th December to Friday 9th December 2022.

Student Name: Form:

Parent/Carer signature..... Date

PLEASE RETURN TO MRS LIVESSEY BY FRIDAY 18TH NOVEMBER 2022



WORK EXPERIENCE SELF PLACEMENT FORM

Dear Student,

This form is to be used only if you have found your **own placement**. Please make sure all sections are completed and that you have **all three signatures** before handing the form to your teacher.

SCHOOL DETAILS	
School FALINGE PARK HIGH SCHOOL	Placement Dates: From 05 / 12 / 2022
Tel No 01706 631 246	To 09/12/2022

STUDENT DETAILS			
Miss	First Name	Surname	
Date of birth	_____	Age at Placement	Form/Tutor Group _____
Home Address	_____		Post Code _____
Contact No	_____	E-mail*	_____
*This may be used to send you details about careers and other info you may find useful as well as details about your placement. Please tick if you do not want to be contacted <input type="checkbox"/>			
Please give details of any medical or other conditions which could affect your work placement ie Hayfever, Asthma, Eczema, Epilepsy, Allergies, Colour Blindness, Dyslexia _____			

Dear Employer,

This form has been given to you following your agreement to a work placement. Please complete the Company details and Job description sections of the form and then sign the Employer section on the reverse confirming that you carry **Employer's Liability Insurance**. This form should then be returned to the student for delivery to school. Please ensure that you put details of this placement in your diary as the next contact you have may well be from the student just prior to the placement starting. Thank you for supporting the work experience programme.

COMPANY DETAILS (address of placement)	
Organisation Name _____	Dates Confirmed: From 05/12/2022
Business Description _____	To 09/12/2022
Address _____	Post Code _____
Contact Name _____	Title _____
Position _____	No of employees _____
Tel No _____	Mobile No _____
E-mail address (please complete overleaf)	-----

JOBDESCRIPTION

(Please give as much information as possible)

Placement Title _____

Placement Tasks -----

Working Days From _____ To _____

Working Hours From _____ To _____

Lunch Times From _____ To _____

Lunch arrangements Staff Canteen/ Local Cafe/ Bring Packed Lunch/ Provided

Provided Yes/ No

Dress/ PPE (Personal Protective Equipment) Requirements _____

Have you provided work experience placements in the past Yes/ No

Would you consider offering placements in the future Yes/ No

SIGNATURES**STUDENT**

As the **student** named overleaf I agree to take part in this work experience scheme. I agree to hold in confidence any information about the Employer's business which I may obtain during this work period. I also agree to observe all safety and security regulations in accordance with Company policy.

Name _____ Signed _____ Date _____

PARENT

As the **parent/carer** of the student named I confirm that I agree to the placement and I am satisfied that it is a suitable environment in which the student may undertake their work experience.

Name _____ Signed _____ Date _____

For more information, please visit our website www.mploysolutions.co.uk

EMPLOYER

As a representative of the above **Employer** I confirm that the student has a placement with the company on the dates specified, that as a company we have **Employer's Liability Insurance** and I have checked that this extends to students on work experience - this is a minimum requirement and the placement cannot go ahead if not in place (if possible, please supply a copy). I also understand that, where necessary, MPLOY Solutions Ltd may need to visit to discuss health and safety arrangements for the placement.

Name of Insurer _____ Policy No _____ Exp Date _____

Name _____ Position _____

Signed _____ Date _____

MPLOY Solutions Ltd

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