

WORK EXPERIENCE

STUDENT OWN PLACEMENT FORM (SOP)

This form should be completed neatly in black ink and **signed** by the person who has offered you the placement

This form **must** be completed in full and returned by the given deadline for you to proceed with the work experience process.

School/College Name	Wood Green School	Work Experience dates	20th – 24th November 2017
Work Experience co-ordinator Name	Mrs K King	School Tel. No.	01993 702355
Student Name		Form/Tutor group	
Date of Birth		Male/Female	
Home Address		Home Tel. No.	
		Mobile No.	
Post Code		Email address	

Professional Pathway	Academic Pathway
All students in school on Monday 20 th to take part in a series of events that introduces them to Health and Safety at Work as well as Work Place Skills.	
Work Experience from Tuesday to Friday. (For students seeking alternative opportunities post 16 other than 6 th Form	Work Experience from Tuesday to Thursday. (Friday in school for 6 th Form familiarisation)

Name of organisation offering placement			
Address		Contact's Name	
Post Code		Contact's job title	
Telephone No.		Email address	
Organisation's Employers Liability Insurance Policy Number		Organisation's Employers Liability Insurance expiry date	
Placement job title and/or description			

EMPLOYER AGREEMENT

- I understand that I will be contacted by OCC Business & Skills team in relation to work experience processes and may be visited by the team for health and safety purposes.
- I agree to OCC holding information regarding work experience placements on their Work Experience database systems and sharing this information with schools, students and parents.
- I have read the 'Information for Employers' leaflet enclosed and understand I will be notified of student name/s and placement information prior to the placement start date. I understand the student will also contact me prior to starting.
- I confirm I will have appropriate Employer Liability Insurance to cover work experience students in place for the placement duration (and have notified my brokers if necessary)
- I am aware of the requirement on employers to complete a suitable and sufficient risk assessment and to provide information to a parent/guardian for a child of compulsory school age in accordance with the *Management of Health and Safety at Work Regulations 1999 (as amended)*.
- I will undertake to provide induction training, including Health and Safety and emergency arrangements.
- I will undertake to have due regard for the welfare of the young people in the workplace and understand that it may be necessary to undergo a Criminal Records Bureau Check in line with the 'Safeguarding of Children in Education' [DfES Guidance September 2004]
- I will notify the school in the event of any absence, early termination of placement, injury, or any other difficulties regarding the student, or should an incorrect student appear.

Employer signature		Date	
Employer Name		Employer job title	
Student Signature		Parent/Guardian Signature	