**WORK EXPERIENCE APPLICATION FORM 2024**

 **20166**

**WORK EXPERIENCE WEEK MONDAY 24TH JUNE TO FRIDAY 28TH JUNE 2024**

**SECTION A: PERSONAL INFORMATION**

**STUDENT NAME: ……………………………………………….. Tutor Group:……………….**

|  |
| --- |
|  |

I have paid £37.00 on-line through my Parentpay account:-

(please tick box)

**Medical Information**

To the best of my knowledge, my son/daughter is medically fit to take part in work experience. I include details below of any medical/dietary factors.

……………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………...

**Special Needs Information**

Please indicate below any additional support your child will require while on work experience, eg, help with written work, reading, emotional and maturity issues. This will help to determine the level of supervision that your child may require. Please note that this information will be passed on to prospective placements.

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

**Parent/Guardian signature …………………………………………………. Date……………**

(By the person with legal responsibility for the young person)

**Parent/Guardian Email …………………………………………………………….**

**IMPORTANT INFORMATION:**

**It is important to note that the Academy is charged for the vetting and administrative work relating to work experience placements by the Leicestershire Education Business Company (LEBC) and that is why we ask for the fee of £37.00.**

**You will only be allowed to go on placements in Leicestershire and Northamptonshire as LEBC can only conduct employer health and safety checks in these areas. Other areas are not guaranteed but may be considered in certain circumstances.**

**When you have found a work placement complete SECTION C below.**

**Once the Application has been processed, LEBC may contact the employer to organise for one of their Assessors to visit the company to check that all relevant health and safety checks are in place.**

**Please return the completed form to Student Services**.

**SECTION C: PLACEMENT DETAILS**

**Name of Employer: …………………………………………………………………………….**

**Address:……………………………………………………………………………………………**

**Postcode: (This must be completed): .……………… Tel. No: ………………………**

**Contact Person for Work Experience:…………………………………………………….**

**Type of Work: ………………………………………………………………………………….**

**Employer’s Email: ……………………………………......**

**Signature of Employer:……………………………………..**

**Date:……………………………….**

**TO BE COMPLETED BY EMPLOYER** – PLEASE NOTE THAT STUDENTS WILL **NOT** BE PERMITTED TO GO ON WORK EXPERIENCE WITHOUT THE RELEVANT INSURANCES BEING HELD BY THE EMPLOYER. EMPLOYERS WILL BE REQUIRED TO PROVIDE EVIDENCE OF **EMPLOYER LIABILITY INSURANCE & PUBLIC LIABILITY INSURANCE** WHEN VISITED BY AN ASSESSOR FROM LEBC.

|  |  |
| --- | --- |
| **Certificate of Employer Liability Held** | **YES/NO** |
| **Certificate of Public Liability Held** | **YES/NO** |

**Hand your completed form into Student Services by *Tuesday 12th March 2024.*  Your placement is not secure until this has been done. Once your placement has been arranged and processed, you will receive a WORK EXPERIENCE AGREEMENT which will need to be signed by the employer, by you and by a parent/guardian and returned to Student Services to finalise the placement.**

**DEADLINE FOR HANDING IN FORMS – TUESDAY 12TH MARCH 2024**