

We cannot offer placements this year / We are able to offer placements to the following number of pupils:

1	2	3	4
---	---	---	---

We would like to offer a placement to the following Pupil/s:

**COMPANY DETAILS**

Name of Company :			
Address :			
Post Code :		Telephone	
Email Address :		Please contact me by email <b>Y/N</b>	
Name of Supervisor :			

Description of placement offered, please include details of the work environment i.e. factory, office etc : .....

.....

.....

**ABOUT THE WORKPLACE**

Hours that the Pupil will work:  
 Start: ..... Lunch: ..... Finish: .....

(Maximum 9 hours per day between 7am and 6pm, 44 hours per week. Saturday allowed only with prior agreement).

**Dress Code:** Very Smart:  Smart/Casual:  Old Clothes:  Other, please state:

What specialist clothing, if any, will be provided by the company?	
What specialist clothing, if any, will be provided by the Pupil?	
May the student telephone and visit prior to the placement?	
May teachers visit during the placement?	
Any additional information:	

**AUTHORITY**

<b>Name</b> (Please Print) .....	<b>Title</b> (Mr /Mrs/Ms) .....
<b>Position in Company:</b> .....	

**Signature:** ..... **Date :** .....

Thank you for your co-operation and support. Please return this form to: Mrs T Martin, Work Experience Administrator, Braunton Academy, Barton Lane, Braunton, Devon, EX33 2BP, or hand to Mrs S Scott on Reception. Please ensure parents and employers have signed the Health & Safety Details on the back before returning to School.

**PLEASE ENSURE THIS FORM IS COMPLETED AND SIGNED BY THE PARENT AND EMPLOYER BEFORE RETURNING TO SCHOOL.**

**To the Parent/Carer of :** .....(Pupil's name).

Does your daughter/son have a health problem in any of the following areas **that would affect them doing their work experience placement?** (Please tick).

- Restrictions for normal physical activity or games.
- Skin allergies, eczema, other allergies (e.g. nuts).
- Bronchitis, asthma, chest complaints.
- Hearing problems or ear discharge.
- Heart disease that affects their ability to do physical tasks.
- Diabetes.
- Fits or fainting attacks.
- Significant colour defect or other visual problems.
- Learning disability which may cause them not to understand instructions.
- Any other health problem (including need for regular medication – Please give details).  
.....
- There are no health reasons affecting my daughter/son's ability to take this placement

As parent/guardian of the above, named student, I confirm I have read and understood this form and any accompanying documents.

I agree to the student attending this placement

**SIGNED:** ..... **Parent/Carer** **DATE:** .....

**To the Employer :** .....(Company Name)

**This student is below compulsory school leaving age.**

Parents and students need to know what measures are in place to control significant risks associated with the placement **before it begins**. You are not obliged to provide this information in writing; it could be passed on at a visit to your premises by the student for conveyance to his/her parent/carer **before** they come on placement. You may find it convenient, however, to pass written information to the school that will distribute it to the student and their parent/carer. Please complete and sign one of the options below:

- **Option 1**      There are no significant risks associated with this placement for this young person (please tick if appropriate).
- **Option 2**      The student will be told of significant risks and control measures at a pre-placement visit (please tick if appropriate).
- **Option 3**      Please complete the following table:

Significant Risk	Measure in place to control

**SIGNED:** ..... **Employer** **DATE:** .....