



COMBERTON VILLAGE COLLEGE
Yr10 Student Self-Organised Placement Form

Section A: completed by student and parent/carer

Student's name	Date of Birth	Tutor Group
Parent/carer's name	Daytime phone number	
Email address	Mobile number	
Student's lunch arrangements	Travel arrangements	
Work Experience Dates: (Please tick the relevant week/s) <input type="checkbox"/> Week 1: 29th June – 3rd July <input type="checkbox"/> Week 2: 6th July – 10th July		
Name of Company		
Name of Company contact	Position	
Company/Organisation address		
Postcode:		
Email address		
Tel No: Daytime/Mobile		
How did the student find this placement?		
For risk management and safeguarding reasons, students should only apply to established companies/organisations with Employer Liability cover. Please confirm with your employer that they have age-appropriate Employer's Liability insurance.		

Section B: completed by the employer

Type of Business		
Job title /duties to be performed by the student		
Dress code /safety or personal protective equipment student needs to provide		
Working Days and Times: (eg Mon-Fri 9-5pm)		
Does the company have more than 4 employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/my company would be interested in taking part in careers events organised at Comberton Village College.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am happy for my contact details to be made available to students applying in future years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

It is advisable that students, parents/carers and employers keep a copy of this form for reference.

P.T.O.

Student Agreement

As the student named above, I agree to take part in work experience and follow all the agreed health and safety rules and risk management/security regulations. I understand that I may gain access to sensitive information whilst at work and I agree to treat all information as confidential unless told otherwise by my supervisor.

I understand that I am representing the school and promise to abide by the professional expectations of the employer. I confirm that the relevant section has been completed by the employer and my parents/carer.

Student Signature:

Date:

Parent/Carer Consent

As the parent/carer of the student named above I agree to my child doing work experience in the above-named company.

Please tick and/or complete as appropriate

I confirm that my child doesn't have any medical condition that could result in an unnecessary risk to their health or safety, or to the health or safety of another person.

My child has the following condition/s.....
This means that whilst undertaking work experience they will/might need the following assistance.....

I understand that my child is working with adults outside of school and will immediately inform the school if there are any safeguarding or welfare concerns.

I understand that my child may have to travel some distance to a placement, and I will be responsible for travel costs. I understand that the school has no liability for any loss or injury arising from this placement and am satisfied that the employer has adequate risk management and safeguarding provisions in place.

Signed:

Date

Emergency Contact Name

Emergency contact number

Employer Confirmation

As an authorised representative of the above-named employer, I agree to the above-named student undertaking work experience with us. I confirm that we have age-appropriate risk management procedures & Employer's Liability Insurance, and have noted any medical, behavioural or other considerations which may affect the student while on a placement.

Signed

date

Name

Position

Completed forms must be **signed by student, parent/carer and employer BEFORE** being returned to Ms Scibor at the Careers Office in the Library or via email at cscibor@combertonvc.org